

RACIAL INTERPRETATIONS OF DEFENSE MECHANISMS  
BY BLACK AND WHITE BEHAVIORAL AND PSYCHOANALYTIC  
ALCOHOL STAFF IN THE SOUTHEAST REGION

A SUBSTANTIVE PAPER  
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SOCIAL WORK

BY  
E. PAUL MARTINEZ, JR.

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA 30314  
APRIL 28, 1980

R = 11 T = 88

## ABSTRACT

Comparisons were made between the cognitive differences in the interpretation of five ego defense mechanisms; as conceptualized by Black and white behavioral and psychoanalytic alcohol treatment therapists in the southeast region. These defense mechanisms were: denial of reality, negative identification, projection, reaction formation and acting out behavior. These were selected from articles written by Black mental health specialists, describing these defense mechanisms as concepts operable in Black dysfunctional behavior.

The data collected from these therapists included their social status, sex, race, type of treatment, location of the programs, type of facility, the social percentages of their clients and the level of therapist intoxication. The results indicated: (a) no difference in the therapists' interpretation of these ego defense mechanisms, although there was agreement with the dependent variable; (b) a high level of intoxication among the therapists; and, (c) a greater percentage of behavioral therapist. The level of discussion in this research project is highly technical and is directed toward persons familiar with the perspectives investigated. Special emphasis was placed on describing the theories for a better understanding by the non-specialist.



## ACKNOWLEDGEMENTS

I would like to thank the following persons for their advice, assistance, support and tolerance throughout this effort. Doctors Patrick Coggins, Creigs Beverly, Cleon Arrington and William Wheeler; Professors Betty Cook and Jualynne Dodson. A special thank you to Lois Bailey and Ermelle Martinez for their assistance in the gathering of the data.

## TABLE OF CONTENTS

	PAGE
I. ABSTRACT.....	i
II. AKNOWLEDGEMENTS.....	ii
III. LIST OF FIGURES.....	iii
IV. LIST OF TABLES.....	iv
V. INTRODUCTION.....	2
VI. RATIONALE FOR STUDY.....	4
V. DEFINITION OF TERMS.....	11
VI. STATEMENT OF THEORY.....	13
VII. REVIEW OF LITERATURE.....	16
1. Psychoanalytic Theory.....	16
2. Behavioral Theory.....	29
3. Summary of Theories.....	42
4. Racism and the Therapeutic Process.....	43
5. Cognition - How Important is Race? Use of Terms by Black Specialists .....	48
VIII. DATA AND METHODOLOGY.....	63
1. Limitations.....	65
IX. ANTICIPATED RESULTS.....	66
X. ANALYSIS OF DATA.....	67
XI. INTERPRETATION OF DATA.....	74
XII. CONCLUSION.....	76
XIII. RECOMMENDATIONS.....	78
XIV. BIBLIOGRAPHY.....	80
XV. REFERENCES.....	84
XVI. APPENDIX I - Cover Letter and Questionnaire..	85

## LIST OF FIGURES

	PAGE
1. Ego Conflict with the Environment.....	20
2. Ego Conflict with Internal Stimuli.....	20
3. Id Conflict with the Environment.....	20

## LIST OF TABLES

	PAGE
1. Types of Program by State.....	66
2. Psychological Perspectives by Race and Sex.....	66
3. Racial Percentages of Black and White Clients as Reported by Their Black Therapists.....	67
4. Racial Percentages of Black and White Clients as Reported by Their White Therapists.....	68
5. Percentages of Black Therapists' Intoxication..	69
6. Percentages of White Therapists' Intoxication..	69
7. Denial: % of Response.....	70
8. Identification: % of Response.....	70
9. Projection: % of Response.....	70
10. Reaction Formation: % of Response.....	71
11. Acting Out: % of Response.....	71

## INTRODUCTION

Alcohol abuse has recently aroused both public and research interests. To an even lesser degree there has been significant attempts to understand the etiology of alcohol use and abuse among Black Americans.<sup>1</sup> Methods of treating the disease in Black Americans continue to be limited to the physical and psychological. To date, no clear conceptualizations have been formulated which could offer any concrete evidence regarding the salient personality or socio-cultural factors involved in treating Black alcoholics.

The area concerned with the treatment of dysfunctional human behavior has largely been dominated and influenced by two approaches: Behavior Modification Theory and the Psychoanalytic Theory. The former perceives dysfunction as the result of learned behavior patterns which are incongruent with acceptable social norms. The latter proposes that dysfunction is related to internal psychic aberrations. Each ostensibly views itself as separate from the other as a philosophical framework and treatment model.

The treatment of alcoholism provides a unique testing ground for each approach in that alcoholism can be perceived as a: 1) behavior pattern, necrophilic in direction and negatively reinforced professionally and socially; and, 2) defense for weakened ego strengths within the individual. As such, experts from each theore-

---

<sup>1</sup>Frederick D. Harper, Alcohol Abuse and Black America, (Virginia: Douglas Publishers, Inc., 1976), pp. 27-39.

tical framework can address themselves to the nature of the problem and the appropriate treatment.

Black alcoholics have a particular problem: the effects of racism. This distinguishes Blacks from their white counterparts in that they have developed cognitively different conceptualizations to matters producing the anxiety (stress) which causes them to drink. Their different environment, with its set of attitudes, conditions, roles and values have been noted by Harper and many other experts.<sup>2</sup> These differences have impacted on their perception, their personality development and their manner of coping. Therefore, it is not unreasonable to assume that the Black interpretation of defense mechanisms, resulting from their learned behavior patterns, which determine their control of stress, will differ from whites, in quality and quantity. This paper investigates the interpretations of ego defense mechanisms, described by Black mental health specialists as operational in Black dysfunctional behavior, and the amount of agreement between Black and white behavioral and psychoanalytical therapist employed in alcohol treatment programs in southeastern states.

---

<sup>2</sup>Ibid.

## RATIONALE FOR STUDY

In 1978, the Federal Bureau of Investigation reported 9,608,500 crimes were committed. The cost of these amounted to \$22.6 billion. Blacks comprised 20 percent of these.<sup>3</sup> Taking the conservative estimate by Coleman that one-third of these were alcohol-related, would indicate that \$1,506,666,660 was loss.<sup>4</sup> These figures do seem to verify the assertion by Frederick D. Harper that "alcohol-related crimes carries serious consequences for society."<sup>5</sup> When this figure is combined with the 25 billion dollars loss due to "job absenteeism, reduced efficiency of employees and accidents" reported by Coleman, one can begin to understand the enormous waste that results from alcohol abuse and alcoholism. Not included in these figures is the amount spent on purchasing this substance. Reverend Jesse L. Jackson reported that during 1974 and 1975, over \$6.5 billion worth of alcohol was consumed by the Black community.<sup>6</sup> During

---

<sup>3</sup>U.S. Department of Justice, Source Book of Criminal Justice Statistics, (Washington, D.C.: Criminal Justice Research Center, June 1979), p. 484-485.

<sup>4</sup>James C. Coleman, Abnormal Psychology and Modern Life, 5th ed. (Glenview, Ill: Scott Fousman and Co., 1976), p. 414.

<sup>5</sup>Harper, Alcohol Abuse and Black America, pp. 27-39.

<sup>6</sup>DHEW Publication NO(ADM) 78-478, The Unseen Crisis: Blacks and Alcohol, (Washington, D.C.: Government Printing Office 1978).

this same period, more than \$16 billion worth of alcohol was consumed by American teenagers. Since that time, the number of teenagers drinking has increased approximately 5 percent.<sup>7</sup>

In a period of national economic crisis, one must seriously question where and to whom do our priorities lie? Indeed, if this is learned behavior, then Blacks are certainly reinforcing negative consequences. If this is rational adaptive thinking, Blacks must question the internal conceptualization of their "life instinct" among today's population.<sup>8</sup> One fact is obvious when the above figures are calculated, economically, Blacks will have spent an inordinate amount of money for alcohol use.

Socially, drinking has been noted to take two approaches: utilitarian and conviviality. Sterne and Pittman suggest that the former is "a mechanism for coping with hardships and personal adjustment problems," while the latter, "facilitates sociability, happiness, group recreation, and interpersonal smoothness."<sup>9</sup> Both approaches can be useful in viewing the relationship between Blacks and alcohol use.

During slavery, Blacks were often observed to "drink heavily on weekends and holidays." This pattern was not instigated by the

---

<sup>7</sup>Lloyd D. Johnston, Jerald G. Bachman and Patrick M. O'Malley, Highlights From Drugs and the Class of '78: Behaviors, Attitudes and Recent National Trends, (Washington, D.C.: Government Printing Office, 1979), pp. 17-32.

<sup>8</sup>Sigmund Freud, The Interpretation of Dreams, (New York: Avon Books, 1967), pp. 155-166.

<sup>9</sup>David J. Pittman, Alcoholism, (New York: Harper and Row, 1967), pp. 66-83.



slaves, but by their masters to "keep them from attempting to escape or even to think about escape."<sup>10</sup> This pattern of weekend drinking occurs in the Black community today. Harper believes that today's Black drinking patterns were "couched in the historical habits and attitudes thrust upon (sic) Blacks by White America in an attempt to control their behavior."<sup>11</sup>

Another social variable to consider is the accessibility of alcohol in the Black community. While traveling through most Black communities, one will be immediately aware of the number of liquor stores. Harper has noted their proximity to such social institutions as churches, hospitals, and schools. This proves to him that "the liquor industry is a business institution that has become interwoven into the fabric of (sic) Black life."<sup>12</sup> He lists three cities where this type of social reinforcement ranges from: 1) allowing Blacks to drink in parking lots; 2) taverns to be found on every other block; 3) to Sunday bootleggers ready to serve. That these factors are generic and not specific to most Black communities is but one indication of the extent to which Blacks are socialized, or perhaps desensitized toward the abuse of alcohol.

Another of Harper's hypotheses is that Black men "drink heavily due to the economic frustration of not being able to get a job or not

---

<sup>10</sup>Ibid., pp. 68-69.

<sup>11</sup>Harper, Alcohol Abuse and Black America, pp. 13-25.

<sup>12</sup>Ibid., p. 31.

being able to fulfill financial responsibilities."<sup>13</sup> As this can be viewed more extensively from a psychological perspective, it will be discussed later. One should only understand the implications on social role expectations, for now.

In Harper's account of Black drinking patterns, two social conditions are prevalent for both urban and rural segments: 1) the socio-economic position of the general Black population; and, 2) the residual effect of slavery's use and prestige associated with alcohol and Blacks. These points are supported by M.W. Sterne and E.P. Noble.

Important in the social factors contributing to the large number of Black alcoholics, is the lack of information collected and consequently dispersed to the public. Supporting this, Noble calls for "a wider representation of socio-economic classes."<sup>14</sup> Further, Sterne refers to the "dearth of systematic inquiries."<sup>15</sup> Harper, in a review of Black alcohol scientific literature found "of 16,000 alcohol articles catalogued, only 77 articles..."<sup>16</sup>

These findings indicate a pattern, intended or not, which fails to educate both the professional and the public. With an imbalance of this magnitude, there should be no question why programs designed for

---

<sup>13</sup>Ibid., p. 34.

<sup>14</sup>Ernest P. Noble, Alcohol Use and Abuse Among Black Americans, (Washington, D.C.: Government Printing Office, June 1978), p. 62.

<sup>15</sup>Pittman, Alcoholism, p. 70.

<sup>16</sup>Harper, Alcohol Abuse and Black America, p. 7.

Blacks either fail or are underutilized. In view of the Anglo-Christian morality present in America, perhaps the words of Sterne should be valued highly: "The American bias toward associating alcohol use with social problems is even stronger where Negroes are concerned..."<sup>17</sup>

The use of psychological theories in the treatment of substance abuse and other dysfunctional behavior has many problems where Blacks are concerned. Although both perspectives reviewed here have shown some success with handling such behavior, their application to Blacks has left many experts discouraged and apprehensive. Although adapting to the same cultural (American) standards, the Black American seems to have developed a different set of values and internal conceptualization pattern than their white counterpart. These factors appear to magnify under the close scrutiny of psychological testing and treatment.

Several characteristics have been cited as relevant in the treatment of Blacks. Harper refers to low self-esteem, self-hatred and negative identification.<sup>18</sup> Thomas mentions denial, rejection, low self-appraisal and, again, negative identification.<sup>19</sup> Coney cites the use of medical and psychological terms which "blames the victim."<sup>20</sup>

---

<sup>17</sup>Pittman, *Alcoholism*, p. 70.

<sup>18</sup>Harper, *Alcohol Abuse and Black America*, p. 83.

<sup>19</sup>Charles W. Thomas, The Significance of the E(thnocentrism) Factor, (Washington, D.C.: Urban Research Review, 1979), pp. 5-10.

<sup>20</sup>John C. Coney, The Precipitating Factors in the Use of Alcoholic Treatment Services: A Comparative Study of Black and White Alcoholics, (Washington, D.C.: Urban Research Review, 1977), pp. 1-6.

While these traits are important in suggesting possible avenues of treatment, one cannot overlook the effect of race, or rather racism on the client, and the therapeutic process itself. In a recent paper on this topic, Jones' findings supported the earlier works of Friedman and Gardner that regardless of the therapist's race "an important aspect of therapy... was the salient role the client's race assumed in the manner which the therapist viewed his client and thought about the case."<sup>21</sup> This latter point has great implications in terms of who treats the Black alcoholic. As noted by Gasfield, "it is our American heritage reinforced through puritannical moralism, that perpetuates the process of stereotyping and labeling all behavior that deviates from white middle-class standards."<sup>22</sup> Willingly or not, therapists trained in a biased environment may attribute certain behaviors or traits to Blacks, which though viewed as maladaptive, may be not only realistic, but essential to Black survival.

Another problem in treating Black alcoholics is that they frequently do not attend or remain in treatment. This fact, supported by numerous investigations, has led many researchers to question the psychosocial antecedents and consequences of the standardized methods of treatment. These articles indicate the value of social class, physicians' approval and race in the therapeutic setting. Maultsby

---

<sup>21</sup> Enrico Jones, Effects of Race on Psychotherapy Process and Outcome: An Exploratory Investigation, (Berkeley, California: University of California, 1978), p. 234.

<sup>22</sup> J.R. Gasfield, Status Conflicts and the Changing Ideologies of the American Temperance Movement, (New York: Wiley and Sons, 1962), pp. 101-118.

cited numerous attempts by American psychologists to intellectually support the sub-human classification of Black Americans. With such a history, it is quite possible that Black Americans have good reasons to avoid treatment for alcoholism or any other dysfunctional behavior.

Nevertheless, the "National Institute on Druge Abuse" is attempting to meet the rise of alcoholism with generic psychological treatment modalities. Two recent publications were reviewed, one entitled, Psychodynamics of Drug Dependence, and the other, Behavioral Analysis and Treatment of Substance Abuse. Nowhere in either document was there any material which considered specifically the problem of alcoholism and Blacks. Although there were statements regarding the importance of socio-economic factors in the development and treatment of alcoholism, how they apply and when they should be considered, was left to the reader.

For these reasons, each theory and several articles pertaining to alcoholism, Black alcoholism and dysfunctional behavior required review. It is not enough to proclaim or dismiss either Behavioral or Psychoanalytic Theory on the basis that one is concerned with the internal variants of id, ego, and super-ego, and the other of elicited or emitted conditional or learned responses. Each, though determinalis-  
tic, has a different approach to personality development, and the treat-  
ment of dysfunctional behavior. How they are applied to Black alcohol-  
ism, though vital, is not as critical as by whom.

## DEFINITION OF TERMS

Acting Out	the behavioral expression of opposite feelings. A Black person may hate a particular white person, but exhibits feelings of love toward them, while showing hatred toward family or friends.
Alcoholism	a disease which exhibits continued and compulsive physiological and psychological dependence upon the chemical ethanol.
Black Alcoholic	a person of African heritage who exhibits continued and compulsive physiological and psychological dependence upon the chemical ethanol.
Cognition	the mental process of knowing. The gathering and organizational process of conceptualization.
Concept	a general idea based on relevant data. Racism, as a concept is perceived as actions, attitudes and values of one group toward another.
Conceptualization	the mental process of forming a concept. The process by which correlations of data gathered and organized is associated with tangible or intangible knowns.

Denial of Reality	the conceptualization process which distorts realistic situations by the perceiver. A Black person may be given total freedom to perform a job, but perceives himself as restricted.
Negative Identification	the conceptualization process by which one perceives himself in a negative manner. A Black person may score highly on standardized tests, but perceives himself as unintelligent compared to whites.
Projection	the conceptualization process expressed behaviorally, by which a person blames someone or something else for his behavior. A Black person may commit a crime and blame white society for this action.
Reaction Formation	the conceptualization process which changes and exaggerates feelings, opposite of their true quality. Exaggeration of emotion is the behavioral indicator. A Black person may hate the person he works for, but shows the highest regard for that person until some minor difficulty is taken out of context and results in very disruptive or violent behavior.

## STATEMENT OF THEORY

What is being hypothesized is that therapists who employ therapeutic skills based on a similar Black conceptual understanding of the defense mechanisms impacting upon the Black alcoholic, will exhibit a positive correlation on tests designed to measure the extent to which their conceptualizations are equal. This may seem a trivial point, since professionals in the field share a common conceptual source of knowledge on the development of human behavior. However, information suggests that Blacks who become specialists are cognitively different from their white counterparts. As previously noted, they are in and from two cultural societies; one Black and the other white. As such, two influences affect their cognition of conceptualizing concepts.

Doris P. Mosby states,

the etiology of the differential personality formation in oppressed versus oppressing individuals can be conceptualized within a psychocultural framework... it is reasonable to state that the personality of the individual follows the form of the dominant culture. As such, the cultural or social milieu can neither be ignored nor treated complementarily by psychologists.<sup>23</sup>

---

<sup>23</sup>Doris P. Mosby, "Toward a Theory of the Unique Personality of Black -- A Psychocultural Assessment," Black Psychology, pp. 124-135.



Joseph White comments,

...rather than argue the (sic) Black people are totally psychologically unique, it would seem that our experience with--and management of--key psychological concepts as it pertains to handling of contradictions, role of the hero, language systems, the meaning of work, and a healthy sense of suspiciousness, differs profoundly as we compare the (sic) Black experience with the white-Anglo experience.<sup>24</sup>

What these Black psychologists are saying is that the living condition (quality of life) is markedly different for Black and white Americans. Their cognition (the process of thinking) of conceptualizing (forming patterned thoughts), concepts (data), and the subsequent cognizance (awareness) of the information, will be measurable different from each other, given similar data. Thus, the interpretations of defense mechanisms, the dependent variables, will differ as a result of the race of the respondent, the independent variable.

Articles written by Black experts, pertaining to the Black experience, were surveyed. An assessment of the defense mechanisms noted, or their connotative references, was tabulated. Using this method, five defense mechanisms were chosen: 1) denial of reality; 2) identification; 3) projection; 4) reaction formation; and, 5) displacement. Suppression, rejection and repression were excluded as they have long been discussed extensively in texts pertaining to the Black experience and could bias the results.

---

<sup>24</sup> Joseph White, "Toward a Black Psychology," Black Psychology, pp. 46.

Affirmation of the hypothesis will be indicated by a higher positive relationship in the responses of Blacks than whites to the defense mechanisms listed.

## REVIEW OF LITERATURE

### Psychoanalytic Theory

The Psychoanalytic Theory is based largely on the work of Sigmund Freud. His work with hypnosis, dream interpretation and free association led him to place a strong emphasis on the unconscious. He believed that "unconscious ideas were subject to distortion and unlike conscious ideas often lacked a logical relation to one another."<sup>25</sup> "For Freud, all behavior, both neurotic and normal, was seen as motivated or caused."<sup>26</sup> This means that all action has a purpose and direction. Often symptoms are measures taken to avoid pain. For the Black alcoholic this could mean drinking to extinguish the anxiety of low self-esteem, lack of a good job or the negative implications of just being Black in a racist society.

One should be aware that Freud's life span began in 1856 and ended in 1939. During this period western man had made many advancements: "Marx and Engels opposed capitalism; Darwin's concept of man evolving from lower forms of life was introduced; Fechner's scientific study of the mind appeared and Helmholtz's formulation of the conser-

---

<sup>25</sup> Richard H. Price, Abnormal Behavior: Perspective In Conflict, Chicago, Illinois: Holt, Rinehart and Winston, Inc., 1972, pp. 25-26.

<sup>26</sup> Ibid.

vation of energy, which viewed man as an energy system that obeys the same physical laws which regulate the soap bubble and the movements of the planets, also appeared."<sup>27</sup>

Freud was engaged in biological research under Ernest Bruke, the Director of the Physiological Laboratory at the University of Vienna. Bruke is known for "the radical view that the living organism is a dynamic system to which the laws of chemistry and physics apply."<sup>28</sup> With this as his foundation, Freud pursued a career in neurology, specializing in the "treatment of nervous disorders."<sup>29</sup> This led him to the works of Jean Charcot and Joseph Breuer. Their specializations were, "hypnosis and cathartic (talking out your problem) therapies."<sup>30</sup> Freud's application and revision of these served as the basis for his dream interpretation and free association approach. These findings, combined with the influence of Fechner, Helmholtz and Bruke. led Freud to believe, "dynamic forces were at work which were responsible for creating the abnormal symptoms... most of these forces are unconscious."<sup>31</sup>

Freud's laboratory background had been revised to study the mental chemistry of the human being. "The room became his laboratory,

---

<sup>27</sup>Calvin S. Hall, A Primer of Freudian Psychology, (New York: The World Publishing Co., 1954), p. 12.

<sup>28</sup>Ibid., p. 13.

<sup>29</sup>Ibid., p. 14.

<sup>30</sup>Ibid.

<sup>31</sup>Ibid., p. 15

the couch, his equipment (also his neurological background), and the ramblings of his patients, his scientific data."<sup>32</sup> Combined with his background in medicine, his research in neurotransmitters, the influence of current energy and evolutionary theories, Freud began his study of the mind.

I agree with Hall, that it has been the misfortune of fate that Freud's The Interpretation of Dreams, his first book, did not receive the notoriety of his Three Essays on Servality. Much of the substantial progress made by Freud as a result of the book's reception and consequent interpretation, has been lost. Perhaps the emphasis recently placed by the National Institute of Drug Abuse to "research the relevance of ego functioning in the treatment of substance abusers" will reopen some of the doors closed by the anti-Freudians.<sup>33</sup>

According to this theory, the individual is fully seen only when his behavior can be longitudinally viewed. During the development of the person, conflicts will arise. These conflicts are internalized, thus becoming intrapsychic. The individual is defined by behavior, which is determined by the intensity or quality of his drives or needs. Therefore, "abnormal behavior is only quantitatively different from normal behavior, a matter of degree not kind."<sup>34</sup> Behavior is seen as

---

<sup>32</sup>Ibid.

<sup>33</sup>Blaine and Julius, Psychodynamics of Drug Dependence, (Washington, D.C.: Government Printing Office, 1977).

<sup>34</sup>Price, Abnormal Behavior, p. 25.

the response of inner conflicts to the ever changing stimulus of life. Intrapsychic and external challenges combine within the individual causing him to interact with the environment.

Rapaport and Gil have labeled Freud's perspective "that the behavior of man must be understood as a response to the demands placed on the person by both the physical and the social environment, as the adaptive point of view."<sup>35</sup> Figures 1, 2 and 3 indicate how conflict between the mental states and adaptation will result in particular types of anxiety.

Freud delineated the functioning of the person into three: the ID, Ego and Superego. Each of these acts upon the other according to the perceptions by the individual.

The ID is described as "the reservoir or instinctual drives in the psychological structure of the individual. It is the most primitive and most inaccessible structure of the personality."<sup>36</sup> The function of the ID is to discharge energy released in the organism either by internal or external stimulation and to keep the level of tension as low as possible. It operates on the Pleasure Principle.

The ego "acts as a mediator between ID impulses and reality." The role of the ego is to pursue gratification but at the same time to take account of the demands of external reality.<sup>37</sup> It operates on the

---

<sup>35</sup>Ibid., p. 27.

<sup>36</sup>Price, Abnormal Behavior, p. 31.

<sup>37</sup>Ibid., p. 32.

FIGURE 1

## Ego Conflict with the Environment

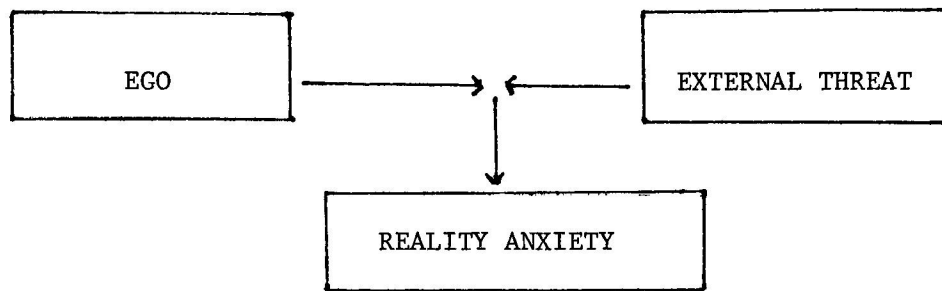
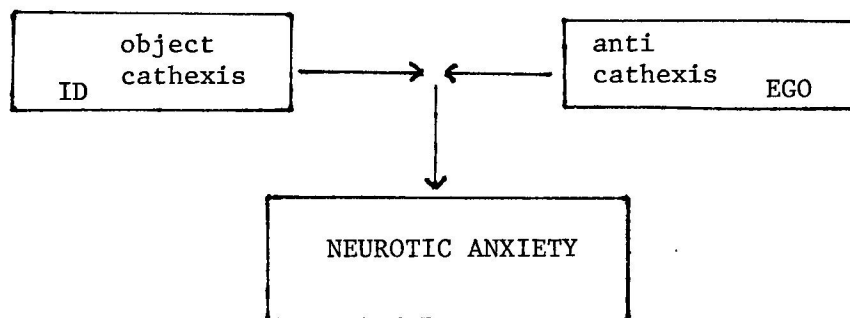
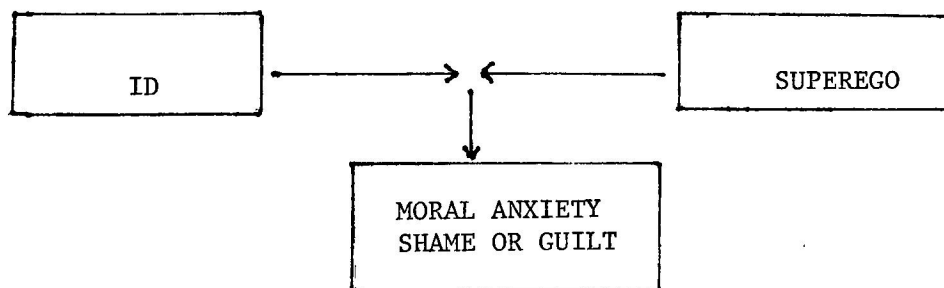


FIGURE 2

## Ego Conflict with Internal Stimuli



## Id Conflict with the Environment



Reality Principle. The ego, what is described in psychoanalytic theory as the self, must synthesize the biological demands of the ID, the constraints of all social interaction, and the instructions of the Superego. It is in man, that which makes judgements, and distinguishes the human animal from other species. If this assumption is correct, the ego is constantly at work.

The Superego "comes to evaluate acts according to moral standards and the child learns to judge himself using these standards. He reacts with shame or pride when evaluating his own actions. The Superego is the conscience, but also the Ego ideal which tells the child what he should be like. Both play the crucial role in socialization."<sup>38</sup> The Superego is the internalized parent throughout the life cycle of the person.

As previously noted, these separations of mind functions act simultaneously upon each other. While distinct in functions, it should be noted that each is an outgrowth of the former, with the Superego developing from the Ego and the Ego from the ID. The operations of these functions in limiting the amount of anxiety on the system is called defense mechanisms. "These are Ego operations of two purposes. First, the denial or distortion of reality and secondly operation at the unconscious level."<sup>39</sup> In the attempt to provide basic understanding of their functioning a brief listing is given.

---

<sup>38</sup>Ibid., p. 33.

<sup>39</sup>Ibid., p. 40.



Repression is the mechanism in which the individual's conscious attitudes and overt behavior are the opposite of his repressed unconscious wishes. Reaction formation is the mechanism by which dangerous instinctual demand by the expression of its opposite. Projection is the mechanism by which ID impulses which may be denied are attributed to some object or person in the external world. This can be unsurprising if we understand that developmentally the individual has learned it is much easier to cope with threats in the external world than to cope with threats from the ID.

Denial is used when the conflict is between an ID impulse and some reality frustration in the external world. It should not be confused with repression, which is the conflict between ID impulses and either the Ego or the Superego.

Regression is the retreat to an earlier stage of development when ID impulses threaten the individual. In adults, this includes baby talk, the destruction of property, masturbation, temper tantrums, child-like dress, fighting and the tendency to take naps.<sup>40</sup>

According to Freud,

Behavior is pathological when it becomes unmanageable and interferes with the day-to-day functioning of the individual. The implication is clear that the criterion for deciding when a given behavior is or is not abnormal is fundamentally quantitative. Neurosis results from the quantitative distribution of energies, not from

---

<sup>40</sup>Ibid., pp. 40-44.

the mere existence of conflict... Pathology develops as one or another aspect of the problem becomes quantitatively unmanageable by the techniques that the personality has established. Freud also held that symptoms may function as adaptive mechanisms, that is, represent ways of dealing with conflict and the resulting anxiety.<sup>41</sup>

Thus, abnormal behavior is that behavior which interferes with the life of the person. It is viewed as maladaptive responses which prevent the organism from existing in a low-anxiety situation, either interpsychically or socially.

Anxiety is an unpleasant feeling which is associated with the excitation of the autonomic nervous system. This nervous system controls smooth, cardiac, glandular tissues and governs involuntary actions. Anxiety is created with the instinctual gratification of the human system are not met.

An instinct is defined "as an inborn condition which imparts direction to psychological processes. It is composed of four parts: (1) Source, a bodily condition of need; (2) Aim, the removal of the bodily excitation; (3) Object, all activity intervening between the wish (need) and its fulfillment; (4) Impetus, the force of strength determined by the intensity of the need. Thus, an instinct's main function is to return the system to its relaxed state."<sup>42</sup>

---

<sup>41</sup>Ibid., p. 44.

<sup>42</sup>Freud, The Interpretation of Dreams, pp. 55-75.

According to the Psychoanalytic Theory, based primarily on the investigative procedures of Freud, hallucinations and dreams are formulated by an identical mechanism--the mind. There are three provocatives of dreams:

(1) objective sensory stimuli arising from external objects, (2) internal states of excitation on the sense organs having only a subjective basis, and (3) somatic stimuli derived from the interior of the body.<sup>43</sup>

These motivators are working constantly in the mind units of the ID, Ego, and Superego. As such they are subjected consciously and unconsciously, to stressful experiences each must handle. How well stress is handled, will determine which, and to what degree, defense mechanism are employed. This is the function of the Ego, operating during the waking state, through the "thought activity of conceptualizing."<sup>44</sup>

The later students of Freud include Truman, Adler, Jung, Rank, Sullivan and Horney. Though each modified Freud's theory, their directions and implications also amplified and expanded his theory. Five areas of these changes have been indicated by Brammer and Shostrom, they include:

1) greater recognition of the cultural determinants of behavior; 2) more concern with the client's present circumstances, especially people close to him and less preoccupation

---

<sup>43</sup>Hall, A Primer of Freudian Psychology, p. 37.

<sup>44</sup>Freud, The Interpretation of Dreams, p. 56.

with infantile development and trauma; 3) more emphasis upon the quality of the therapeutic relationship and how the client perceives it; 4) a de-emphasis of sexual needs and aberrations and increasing stress on other needs and feelings such as love, hostility and ambivalence; and 5) a greater emphasis on rational ego functions in solving life's problems.<sup>45</sup>

These changes currently reflect an increased effort by the National Institute on Drug Abuse (NIDA) to research the "demographic variables such as age, sex, socio-economic status, religiosity and parental drug use" which have been shown to be an effect on the degrees of drug abuse predilection.<sup>46</sup> When these variables are taken into account, however, no method has been determined as to what causes abuse or non-abuse in persons of the same demographic classification. This has led experts in the field to consider the "individual person's psychodynamics." They further suggest that alcohol abusers suffer from, "a central weakness, from a weakness in the core of his personality... a defect in the self... which ingesting the drug he symbolically compels the mirroring self-object to soothe him, to accept him."<sup>47</sup>

The central persons involved in the abuser's development of sociocultural and psychological conceptualization is, of course, the parents. The authors suggest "it is less important to determine what

---

<sup>45</sup> Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology Fundamentals of Actualization Counseling and Psychotherapy, 2nd Edition, Richard S. Lazzarus, ed., (Chicago, Illinois: Prentice-Hall Psychology Series, 1968), p. 45.

<sup>46</sup> Blaine and Julius, Psychodynamics of Drug Dependence, p. v.

<sup>47</sup> Ibid., p. vii.

the parents do than what they are."<sup>48</sup> This concept of parental influence has recently become a matter of concern to behaviorists. Although its relationship will be discussed in the section on Behavioral Theory, it is noteworthy that the experts from both perspectives of NIDA's research efforts draw attention to the role of parents in the development of substance abuse.

That psychoanalysis has been too generic has often been the criticism. It is precisely this principle of multiple determinants that is the strength of this theory in that, "all behavior is a produce of multiple determinants, e.g., unconscious and conscious, as well as genetics, adaptation, structure and dynamics."<sup>49</sup> The theory accounts for all of the possible forces impacting on the organism, which determines the quality and quantity of his response, throughout the life cycle. Substance abuse can develop from conflicts at any stage of the person's life. Particular emphasis has been placed at the child on its parents. Greenspan states that patients who suffer from problems at this stage of development often exhibits "acting out and other antisocial defenses... as a way of attaining a kind of... defense against separation anxiety and its accompanying depression."<sup>50</sup> This adaptive aspect is a further explained by Greenspan: "To help a sub-

---

<sup>48</sup>Ibid., p. ix.

<sup>49</sup>Ibid., p. 73.

<sup>50</sup>Ibid., p. 78.

stance abuser stay in the treatment relationship so that psychological growth may occur requires an intricate understanding of how the external environment is interacting with his internal personality organization."<sup>51</sup> This intricate understanding has great relevance to the conceptualization of what and how environmental conditions act on developing the stressful conditions which promote alcohol abuse in Blacks. Butts and Harper explain in great detail the extraordinary stresses impacting on Black dysfunctional behavior.

Krystal suggest two areas of further research in the psycho-analytical approach to treating alcoholic patients. They are: "the problem of regression in the nature of affects and affect tolerance, and certain characteristics of the drug dependent individual self-representation and object representations."<sup>52</sup> This statement implies that the alcoholic attempts to return to a prior stage of development where his perception of self, and consequently self-control were developed through significant experiences pertaining to instinctual (libidinal) and mental (Ego) needs.

These factors create a problem in the transference stage of the analytic process, in that the alcoholic "because of the prevalence of magical thinking fortified by the wish for magical powers, and in harmony with a grandiose self-representation, alcoholics in psycho-

---

<sup>51</sup>Ibid., p. 81.

<sup>52</sup>Ibid., p. 88.

therapy becomes terrified of their death wishes toward the therapist."<sup>53</sup>  
 At this point, it is critical that the therapist enables the patient  
 "to see his projection of his own Superego onto the external object,"  
 so that he will come to understand the nature of his misconceptions.<sup>54</sup>

These will allow the patient to claim ownership of his own Ego, and not rely upon his unclaimed Superego functions by attributing these functions to his parents in the past, and more currently his therapist. Thus, in the therapeutic process, the therapist not only becomes a maternal (parental) love object that nurtures and protects the regressed, dysfunctional Ego state, which is now drug-dependent, but also, the temporary replacement of the drug itself, or the object addiction. This desire to return to the idealized love object is compounded further by the reality that this love object did not satisfactorily address the needs nor develop the coping mechanisms required at some earlier stage of the person's Ego development. Krystal states, "while the drug-dependent yearns for the union with his maternal love object (representation), he also dreads it." He states further that these individuals are "addicted then to the process of taking in and losing the drug rather than to having it."<sup>55</sup> In transference, the patient must go through "effective grieving" to release his regressed

---

<sup>53</sup>Ibid., p. 89.

<sup>54</sup>Ibid., p. 91.

<sup>55</sup>Ibid., p. 95.

Ego state, and experience the depression associated. This complex process is only further compounded by racism.<sup>56</sup> Calnek indicates even in Black on Black therapy, countertransference is a problem, though less than the interracial setting.<sup>57</sup>

The attempt of this section was to provide the reader with the Psychoanalytic Theory and its current status as a treatment model. The next section will consider the Behavioral approach.

### Behavioral Theory

The learning theory, or behavior modification, developed from experimental laboratories to today's controlled clinical setting. During this period knowledge regarding conditioned stimulus and either conditioned or unconditioned response was gathered, mostly through the experimentation of laboratory animals. The best known work is that of Pavlov, who working with dogs, discovered that conditioned stimuli when paired with unconditioned stimuli produced the same unconditioned responses.

The process of classical conditioning, in the hands of a number of American psychologists "became the means of building an objective psychology that dealt only with the observable."<sup>58</sup>

---

<sup>56</sup>Ibid., p. 96.

<sup>57</sup>Maynard Calnek, "Racial Factors in the Countertransference: The Black Therapist and the Black Client," American Journal of Orthopsychiatry, Vol. 40, No. 1, January, 1970.

<sup>58</sup>Calvin S. Hall and Gardner Lindzey, Theories of Personality, (New York: John Wiley and Sons, Inc., 1970), p. 41.



John B. Watson is the recognized founder of this separation from traditional psychology. Watson called this perspective behaviorism.

"Psychology, he proposed should study behavior, using the same types of objective techniques as other natural sciences."<sup>59</sup> About the same time Edward Thorndike introduced the concepts of "reward and punishment in the learning process, and his law of effect has the concistence of modern learning theory."<sup>60</sup>

Although many have argued that the origin of this theory is to be suspected, the theory has gained much respect, resulting from the work of Clark L. Hull and his students, whose retort has been, "a theory should be evaluated in terms of what it does rather than where it comes from."<sup>61</sup> Hull's objection was that, "the simplicity of the lower organism would permit the establishment of certain fundamentals which, when elaborated through the study of complex human behavior, might prove to be the core of a satisfactory theory of behavior."<sup>62</sup> A strong point in the acceptance of these particular theorists has been their use of other disciplines, including the psychoanalytic theory, in the development of the learning theory. For this reason both

---

<sup>59</sup>Ibid., p. 418.

<sup>60</sup>Ibid.

<sup>61</sup>Ibid., p. 419.

<sup>62</sup>Ibid., p. 420.

behavioral perspectives will be reviewed. Beginning with Dollard and Miller, then moving to Skinner, we shall see the evolution and difference of each viewpoint.

Dollard and Miller are the best known students of Hull. Their work suggests that there are "four conceptual elements in the learning process. These are drive, cue, response and reinforcement."<sup>63</sup>

Drive "is a motivational concept which impels or activates behaviors."<sup>64</sup> Drives can be innate or brought on by deprivation in such as hunger, thirst and sex. When motivations are learned (conditioned) they are defined as secondary drives. The behavior associated with the acquisition of money is a good example.

Cue "is a stimulus that guides the response of the organism by directing or determining the exact nature of the response." Cues are activated by their reception in the five senses. "Stimuli may operate as cues not only singly, but also in combination."<sup>65</sup> This is important when considering the perception of the social environment. Response "is that behavior which is resultant of any cue(s). There are three types of responses: those which occur before any learning, or the innate hierarchy of responses; those which occur in some order regard-

---

<sup>63</sup>Ibid., p. 433.

<sup>64</sup>Ibid., p. 425.

<sup>65</sup>Ibid., p. 433.

less of the cue(s), or the initial hierarchy; and those which occur after experience and learning have influenced the subjects' behavior, or the resultant hierarchy."<sup>66</sup>

Dollard and Miller have noted that for man, "one of the most important cue producing responses is the labeling or naming event and experiences."<sup>67</sup> These they say facilitate and inhibit generalization, arouse drives and reward and reinforce behavior. They identify from situations where conflict, "learned primarily as a result of conditions created by the parent," can begin neurotic beginnings.<sup>68</sup> These are, "the feeding situation in infancy, toilet or cleanliness training, early sex training and training for control of anger and aggression."<sup>69</sup>

Dollard and Miller cite "language as playing a crucial role in human development."<sup>70</sup> Those determinants of behavior not confined to language and which cue responses are unconscious. The unconscious is divided into two parts: "those that have never been conscious and those, although once conscious, are so no longer." Repression, "the response of non-thinking," positively a negatively reinforced, it accounts for the quantity or quality of the non-thinking response.<sup>71</sup>

---

<sup>66</sup>Ibid., p. 435.

<sup>67</sup>Ibid., p. 436.

<sup>68</sup>Ibid., p. 439.

<sup>69</sup>Ibid., p. 440.

<sup>70</sup>Ibid., p. 442.

<sup>71</sup>Ibid.

Key to these notions of the unconscious are Miller and Dollard's five basic assumptions of conflict behavior. These are:

1. the gradient of approach, which states that the tendency to approach a goal becomes stronger the nearer the individual is to the goal; 2. the gradient of avoidance, which states that the tendency to avoid a negative stimulus becomes stronger the nearer the individual is to the stimulus; 3. is that the gradient of avoidance is steeper than the gradient of approach (which means one will increase the quality and quantities of avoidance behavior more than one would approach behavior the nearer the goal); 4. it is assumed that an increase in the drive associated with the approach or avoidance will raise the general level of the gradient; and 5. when there are two competing responses the stronger will occur.<sup>72</sup>

These then are the foundation of classical Stimulus-Response Theory, as they have been applied to human behavior. Perhaps one may question the omission Wolpe and Eysensck in this discussion, however, their greater use of the Psychoanalytic Theory was the determining factor in this omission. As this paper is a search for similarity in the difference between these two perspectives, it was determined necessary to present the classical points of view from each theory.

No other behaviorist in the recent decades has had the impact of B.F. Skinner. "Skinner is an ardent behaviorist convinced of the importance of objective method, experimental vigor, and the capacity of elegant experimentation and inductive science to solve the most complex behavioral problems."<sup>73</sup> Skinner's distinctions from the Hull-

---

<sup>72</sup>Ibid., p. 444.

<sup>73</sup>Ibid., p. 476.

Spence behaviorist theories include:

1. his distaste for formal theory; 2. his rejection of Hull's postulate theorem approach;
3. a heavy emphasis on the study of responses not necessarily elicited by any stimulus (operants), but influenced by the consequences of the responses (reinforcements); and 4. his focus on the study of individual subjects instead of a generalized or group trends.<sup>74</sup>

Skinner was born in 1904 in Pennsylvania. The son of a "good Republican," he attended Harvard where he received his Ph.d. in Psychology. He worked five years with W.J. Crozier, a biologist. Skinner was influenced by John B. Watson and E.L. Thorndike. His career took him to the universities of Minnesota, Indiana, and eventually back to Harvard. There he had been able to "gather behavioral data and organize them into a systematic framework of behavioral laws with no explanatory fiction at all."<sup>75</sup> Skinner's relentless quest to study behavior in this controlled manner has been quite rewarding. Nevertheless, he is reluctant to postulate any theory concerning behavior. However, "in spite of this great concern over controlled observation, he has no inhibitions about generalizing his experimental findings and laws as widely as possible."<sup>76</sup>

Perhaps one of the most alarming characteristics of Skinner's approach has been his abilities to "show that particular patterns (sche-

---

<sup>74</sup>Ibid., p. 476.

<sup>75</sup>Ibid., p. 479.

<sup>76</sup>Ibid.

duels) of reinforcement generate characteristic and highly replicable changes in rate of responding, both in sustained responding and extinction." Some have stated that his findings are so precise they "rival those of any physical scientist."<sup>77</sup> This type of acceptance of his findings have fostered their inclusion into the counseling area.

Skinner is concerned with operants. These are the responses omitted rather than elicited. His focus on behavior being lawful has gotten Skinner into many controversies regarding determinism and man as a free agent. Skinner asserts that behavior

can be as lawful as the movement of one billiard ball when it is struck by another ball. Science is more than the mere description of events as they occur. It is an attempt to discover order, to show that certain events stand in lawful relations to other events. We must expect to discover that what a man does is the result of specifiable conditions and that once these conditions have been discovered, we can anticipate and to some extent determine his actions. Regardless of how much we stand to gain from supposing that human behavior is the proper subject matter of science, no one who is a product of Western civilization can do so without a struggle. We simply do not want such a science.<sup>78</sup>

For Skinner, experimental control is established through functional analysis. That is "an analysis of behavior in terms of cause and effect relationship, where the causes are controllable, examples are stimuli, deprivations and so on."<sup>79</sup>

---

<sup>77</sup>Ibid., p. 480.

<sup>78</sup>Ibid., p. 481.

<sup>79</sup>Ibid., p. 482.

Here he refers to the relationship between independent and dependent variables. For this reason Skinner believes "there is no necessity to talk about mechanism operating within the organism."<sup>80</sup>

To understand Skinner's objection to the mental and psychological explanations of determinants, one must consider his "assumptions that behavior is orderly and that our primary purpose is to control it." Here, behavior control is achieved by lawfully relating independent variables or inputs into the organism to dependent variables or output of the organism, and then controlling subsequent behavior by the manipulation of those same inputs (environmental events) in such a way as to obtain a particular output (response)." Thus, by identifying the relationship between the environment (external) and the behavior emitted by the organism, through a process of clustering and elimination, one can isolate, control and predict the response. For this reason he also de-emphasizes the importance of genetic type "because such a condition cannot be manipulated after the individual has been conceived."<sup>81</sup>

The development of the personality is linked to the reinforcements, positive and negative, which occur after the behavior has been exhibited Skinner defines this behavior as operant, which is, "a response that operates on the environment and changes it."<sup>82</sup> These

---

<sup>80</sup>Ibid.

<sup>81</sup>Ibid., p. 485.

<sup>82</sup>Ibid.

account for those behaviors which are not governed by (classical) conditioning. Depending on the type of reinforcement, a response will continue or be extinguished. As the person responds to particular conditions, the type of reinforcement present will "shape" the quality and quantity of his response. As he develops, the individual will link the proper response(s) to the correct situation(s). Through this process "stimulus discrimination" will be refined. One should be aware that most of the reinforcement we receive, in the social setting, is not absolute. The type and kind will vary more in the social setting than that of the laboratory. Because of this intermittent or "ratio reinforcement, behavior patterns developed over a period of time are harder to extinguish than those of constant reinforcement."<sup>83</sup> Thus, maladaptive behavior, which has been positively reinforced, must be extinguished by controlling the rewarding environment with the techniques of operant and respondent conditioning. In treating the individual, then, one must be able to perform a "functional analysis" to determine the cause and affect relationship between the stimulus on the one hand, and the operants and respondents on the other.<sup>84</sup>

This is consistent with the approach of the behavioral branch of NIDA's effort to control the effectiveness of substance abuse treat-

---

<sup>83</sup>Price, Abnormal Behavior, pp. 85-106.

<sup>84</sup>Hall and Lindzey, Theories of Personality, p. 511.



ment programs.<sup>85</sup> In their research effort, they are attempting to identify "the elements of those behaviors which form the antecedents, concomitants and consequences of substance abuse. The factors they list are: affective, biochemical, cognitive, behavioral, situational, and physiological. These have led them to suggest a need for greater individualization of both treatment goals and treatment methods. The authors have implied a casual relationship between these factors and the ineffectiveness of subsequent treatment modalities. The inclusion of these factors does not alter their belief that "behavior is an observed actively... whose expression is functionally related to and dependent upon... antecedents and consequences... that forms the essential unit for carrying out an experimental analysis of behavior and is the fundamental building block of the design of behavioral treatment... which conceives... alcohol as a powerful reinforcer."<sup>86</sup>

The first stage in the NIDA effort is to distinguish the differences between the alcoholic and the problem drinker. This is done, as findings indicate, as a cognitive difference in the individual's expectations of treatment goals, their perception of the problem, and their demographic variances. Alcoholics:

- 1) showed more severe drinking problems; 2) were more likely to have labeled themselves as alcoholics; 3) had more family history of alcoholism; and, 4) were more likely to be mates. Problem drinkers: 1) had lower alcohol consumption at

---

<sup>85</sup> Norman A. Krasnegor, Behavioral Analysis and Treatment of Substance Abuse, (Washington, D.C.: Government Printing Office, 1979).

<sup>86</sup> Ibid., p. 2.

intake; 2) had less family history of alcoholism; 3) showed less severity of problem drinking; 4) were more likely to be females; and 5) were less likely to identify themselves as alcoholics.<sup>87</sup>

This oversight may be the cause for the lowered success rate of behavioral treatment.

The second stage involves the measurement of alcohol consumption. This problem has been hopefully settled by the use of the "Standard Ethanol Content" instrument.<sup>88</sup> The various levels of alcohol contained in the different beverages can be reduced to a percentage figure through this method. Obtaining both self-reports and corroborative data from significant others, is also included in this stage. Although there are problems inherent in this type of information retrieved, efforts are being made to standardize the data.

The third stage involves alcohol-related problems. These are considered "life problems."<sup>89</sup> Two questionnaires being used are Selzer's "Michigan Alcoholism Screening Test" and Kiresuk's "Goal Attainment Sealing."<sup>90</sup> These types of instruments, hopefully, will "provide quantitative indices of problem (life) severity useful in prognosis and in outcome evaluation."<sup>91</sup> While institutional records

---

<sup>87</sup>Ibid., p. 159.

<sup>88</sup>Ibid., p. 161.

<sup>89</sup>Ibid., p. 162.

<sup>90</sup>Ibid., p. 163.

<sup>91</sup>Ibid.

are still being used, the attempt is to develop an instrument which provides a better picture to both the clinician and the researcher.

The fourth stage is concerned with improving ratings. This should consider minimally the: "1) absolute level of drinking; 2) amount of reduction in consumption; and, 3) patterning of drinking."<sup>92</sup> This would determine how effective treatment is or has been. Questions of how, what and when success has been achieved would more adequately be answered with this type of design. As yet, there are only a few and more research into this area is being sought.

The fifth stage of this effort looks at the maintenance of treatment. Although no exact data is available, "it is clear that assessment beyond termination is essential."<sup>93</sup> Changing the behavior is only one component of treatment maintaining it is critical, for "two-thirds of all relapses occur within the first ninety days."<sup>94</sup>

To foster the maintenance of the treatment outcome a study of the cognitive factors that interact in relapse was conducted by G. Alan Marlatt defines relapse as "any discrete violation of an imposed rule or set of rules governing the rate or pattern of consumatory behaviors."<sup>95</sup>

---

<sup>92</sup>Ibid.

<sup>93</sup>Ibid., p. 169.

<sup>94</sup>Ibid., p. 191.

<sup>95</sup>Ibid., p. 192.

His previous work with aversive conditioning indicated that interpersonal forces were related to relapse. These were interpersonal or social situations that angered or frustrated and situations where there were pressures to resume drinking. Marlatt devised an instrument in which intrapersonal/environmental determinants versus interpersonal determinants could be classified. These classifications were correlated with the Abstinence Violation Effect (AVE) a "cognitive-behavioral orientation model."<sup>96</sup> His data showed 61 percent fell into the intrapersonal and 39 percent into the interpersonal.

These results prompted Marlatt to recommend the following five steps to preventing relapse:

- 1) High Risk Situations requires training the client to recognize such incidences which increase the probability of relapse; 2) Coping Responses requires teaching new refining or releasing old coping skills; 3) Self-Efficacy and Lifestyle Intervention requires the imparting of generic procedures and skills such as problem solving and decision-making skills; 4) Outcome Expectancies of Substance Use requires the distributing of information about the long range physical and social consequences of substance abuse; and, 5) Initial Use of Substance requires planning ahead for the possibility of relapse.<sup>97</sup>

---

<sup>96</sup>Ibid., p. 196.

<sup>97</sup>Ibid., p. 197.

### Summary of Theories

It is significant in reviewing these opposing perspectives that the similarities of each theory be noted. Both theories have been developed from data revealed first in the laboratory. Each has a leading figure who gathered information from the laboratory and expanded this data to account for human behavior. Each theory has been criticized as being no theory at all. Both theories, as incorporated by the National Institute on Drug Abuse, have been influenced by the social factors in man's environment. Finally, each theory, as a concept or as currently applied, is concerned with the "mental" or "cognitive" deterministic factors of the individual.

In these times of either--or, it is interesting that some twenty-two years after the death of Freud, this statement was delivered:

Curiously enough, part of the answer was supplied by the psychoanalysts, who insisted that although man might be able to see some of his mental life, he could not see all of it. The kind of thoughts Freud called unconscious took place without the knowledge of the thinker. From an association, verbal slip, or dream, it could be shown that a person must have responded to a passing stimulus although he could not tell you that he had done so. More complex thought processes, including problem solving and verbal play, could also go on without the thinker's knowledge. Freud had devised, and he never abandoned faith in, one of the most elaborate mental apparatuses of all time. He nevertheless contributed to the behavioristic argument by showing that mental activity did not at least require consciousness. His proofs that thinking had occurred without introspective recognition were, indeed, clearly in the spirit of Lloyd Morgan. They were operational analyses of mental life--even

though, for Freud, only the unconscious part of it. Experimental evidence pointing in the same direction soon began to accumulate.<sup>98</sup> (Skinner 1957).

I sincerely doubt that Freud, in his totalistic account of personality development, would not have credited Skinner's efforts in a like manner.

As there has been determined a causal relationship between the social or interpersonal aspects and the mental or cognitive aspects of the individual's life toward the development of alcoholism and/or problem drinking, the next section will look at these factors in the context of the Black experience. For these aspects must be critical when considering who treats the Black alcoholic.

#### Racism and the Therapeutic Process

The literature concerning the Black experience is filled with examples of how that life situation differs from that of the white experience. The Black person is frequently from the "lower strata of the economic scale."<sup>99</sup> In a society of free public education, he frequently suffers from a "lack of education."<sup>100</sup> In a country which speaks of justice, the Blacks share a disproportionally "high number

---

<sup>98</sup>George S. Klein, Perception, Motives and Personality, (New York: Alfred A. Knopf, 1970), p. 23.

<sup>99</sup>John Kosa and Irving K. Zola, Poverty and Health: A Sociological Analysis, (Cambridge, Mass.: Harvard College, 1975), p. 86.

<sup>100</sup>Butts, "White Racism."

of incarcerations,"<sup>101</sup> In a nation still seeking a national health plan, Blacks not only suffer from illness more often, but tend to "seek help less frequently."<sup>102</sup>

Perhaps no single factor is more salient to the uniqueness of the Black person's experience than slavery. Although one may question the repeated emphasis on this theme, its impact is seen currently in every social institution of this country. What slavery did has a direct implication on the maladaptive determinants of each theory. These factors identified by Kardiner and Ovesey, were noted by Butts as:

- 1) degradation of self-esteem; 2) destruction of cultural forms and forced adoption of foreign culture traits; 3) destruction of the family unit, with particular disparagement of the male; 4) relative enhancement of the female status, thus, making her the central figure in the culture; 5) the destruction of social cohesion among Negroes by the inability to have their own culture; the idealization of the white masters, but with this ideal was incorporated an object that was at once revered and hated.<sup>103</sup>

While these have been noted as particular to the era of slavery, one can still find documentation of each, and their effects today.

The period following slavery has been difficult. Reconstruction, the New Deal, the Great Society and all other eras, have had one common thread, that white is equated with superiority, purity and excellence and Black with inferiority, evil and ignorance. One must

---

<sup>101</sup>E. Earl Baughman, Black Americans, (New York: Academic Press, Inc., 1971), p. 66.

<sup>102</sup>Stanley Sue, et.al., Delivery of Community Mental Health Services to Black and White Clients, (University of Washington: Herman McKinney, 1974).

<sup>103</sup>Butts, "White Racism," p. 916.

keep in mind that, because of the increase in life span, many of the children and grandchildren of former slave owners or supporters are still functioning citizens. The racist attitudes and values, held by them or transferred through social "adaptation" or "learning," have for many remained. The recent attention to the Ku Klux Klan is but one indication of their duration. This seems to justify Butts' statement that, "the white man has made this in his own adaptation to the Black man."<sup>104</sup> He further cites Eric H. Erikson's criticism that the functioning American is "the heir of a history of extreme contrasts and abrupt changes, bases his final ego identity on some tentative combination of dynamic polarities... establishing two sets of truths."<sup>105</sup> These two sided truths handed from the white mother to her child account for the differences of institutional practices between Blacks and whites. The racists, and the near descendents of racists, hold positions of influence in these institutions, where their interpretation of policy directly effects the manner in which policies are implemented. K. Alan Wesson states, "as one of the results of racism, America has developed at least two primary, separate cultures--one Black and one white."<sup>106</sup>

A few examples may indicate this impact on the Black population. Butts has outlined three areas, health, education and justice. To

---

<sup>104</sup>Ibid., p. 917.

<sup>105</sup>Ibid.

<sup>106</sup>K. Alan Wesson, "The Black Man's Burden: The White Clinician," *The Black Scholar*, (Sausalito, California, 1975), p. 13-18.



these, concerns expressed by mental health specialists, many of whom are Black, have been included.

Under health, Butts has noted in comparing Central Harlem to the rest of New York City,

1) habitual narcotics users is three to eight times higher; 2) venereal disease is six times higher; 3) infant mortality is twice as high; and, 4) admission rates to state mental hospitals are 38.5/10,000 to 13,000. Furthermore, of the 250,000 physicians in the United States, 15,000 are Black, and medical schools are still discriminatory in their admission policies.<sup>107</sup>

These findings are supported by the research of Lerner. The "substantial proportions" of Blacks fall into the lower socio-economic stratum where access to medical care, nutritional deficiency and a poorer quality of medical care exist.<sup>108</sup>

Another problem thought related to mental health, is the use of medical model's tools in the treatment of Blacks. Adebimpe, et.al., indicate that the neglect of ethnic and cultural factors has led to, "evidence that the Minnesota Multiphasic Personality Inventory (MMPI) may not be entirely suitable for American Blacks..."<sup>109</sup>

The educational system of this country has a history of inequity. With the passage of Brown vs. The Board of Education, more

---

<sup>107</sup> Butts, "White Racism," p. 926.

<sup>108</sup> Kosa and Zola, Poverty and Health, pp. 80-134.

<sup>109</sup> Victor R. Adebimpe, et.al., "MMPI Diagnosis of Black Psychiatric Patients," American Journal of Psychiatry, Vol. 136, No. 1., January 1979.

problems have developed around its implementation. While educational expenditures per Black pupil are frequently discussed, Butts draws attention to the "presumed inferior, unintelligent and uneducatable" hypothesis of Blacks.<sup>110</sup>

This hypothesis renders the "well-meaning white teachers... ineffective."<sup>111</sup> Within the educational system, this hypothesis, if conceptualized and accepted by Black and white teachers, has led Baughman to suggest a "self-fulfilling prophecy" effect may need to be considered in both desegregated and segregated schools.<sup>112</sup> Baughman, accepting the disparagement between Black and white schools, further states that the sudden integration of Black students into white schools often leads to the Black student's awareness of his undereducation which "can only be demoralizing and shattering of self-confidence."<sup>113</sup> Jones refers to the inclusion, into educational curriculum, of Blacks as "limited to slavery and the Reconstruction period."<sup>114</sup> Speaking to the issue of special education, Johnson says that it "suffers from obsolete, racist conceptions of deviance..."<sup>115</sup> Finally, in the

---

<sup>110</sup>Butts, "White Racism," p. 919.

<sup>111</sup>Ibid.

<sup>112</sup>Baughman, Black Americans, p. 33.

<sup>113</sup>Ibid., p. 93.

<sup>114</sup>Reginald L. Jones, Black Psychology, (New York: Harper and Row, 1972), p. 247.

<sup>115</sup>John Johnson, "Special Education and the Inner City: A Challenge for the Future or Another Means for Cooling the Mark Out," Black Psychology, p. 306.

poverty stricken environment of many Black families, Butts explains that little attention is given to "after-dinner family discussions," where the child has an opportunity to grow.<sup>116</sup>

On justice, Butts states that "while the American conscience structure dictates that all men should be treated equally... these rights are not respected insofar as Black Americans are concerned."<sup>117</sup> While a list of legal inequities could be listed here, a quote of Thomas Jefferson's to a friend, found in the review of literature by Delany may serve to exemplify the breath and history of the nature of the problem, "Nothing is more certainly written in the book of fate than that these people are to be free. Nor is it less certain the two races, equally free, cannot live in the same government. Nature, habit, opinion, have drawn indelible lines of distinction between them."<sup>118</sup> One must agree with Delany that, "white society has suffered from a long illness."<sup>118</sup>

Cognition - How Important is Race?  
Use of Terms by Black Specialists

Until now, the focus has been on those external conditions to which the Black person is subjected to that differs from whites. These

---

<sup>116</sup>Butts, "White Racism," p. 920.

<sup>117</sup>Ibid.

<sup>118</sup>Lloyd F. Delany, "The Other Bodies in the River," Black Psychology, p. 339.

<sup>119</sup>Ibid.

differences have been promoted by what some consider the racist nature of white society. In their criticisms of the data expressed by Butts, Person, Pinderhughes and Poussaint speak of racism developing from the "primitive physiology" innate to the cognitive function of discrimination.<sup>120</sup> Person presents data which indicates that rationalization may be used to justify the otherwise unacceptable behavior (stereotypic prejudices) and displacement of anger unto Blacks combined with projection of unacceptable impulses are working in such a way as to "relieve the cognitive dissonance within the white American."<sup>121</sup> Pinderhughes states that whites "need to heal themselves from unrealistic maladaptive narcissism... that prevents understanding, introjection and identification with Blacks as human beings."<sup>122</sup> Finally, Poussaint speaks to "the special negative and evil symbolic connotations that the color Black has garnered," which allows whites the justification for subsequent projection.<sup>123</sup>

What is common to all three criticisms of Butts, is the role cognition plays in personal, but especially, social settings. While humans are influenced by laws, values and other intangibles, the manner by which they come into contact with reality is most critical.

---

<sup>120</sup>Butts, "White Racism," p. 939.

<sup>121</sup>Ibid., pp. 929-930.

<sup>122</sup>Ibid., pp. 934-941.

<sup>123</sup>Ibid., p. 943.

Although Americans are endowed with certain "inalienable rights," if those rights are altered by any factors, that is, age, race or sex, then one's perception of those rights will be likewise altered. This is supported by the findings of Klein in his study of motivation and cognition that, "the experiencing of information... not simply the information alone...determines how the information itself is dealt with."<sup>124</sup> This has a direct impact on ego functioning, as described by the psychoanalytic theorists, of controlling not only what the person must do, but how he must perceive information to justify those actions.

Klein's writing of the works of Kohler brilliantly supports the relationship between perception and cognition. "Kohler investigated the effects of wearing distorting lenses for...days and weeks...upon spatial orientation. Wearing the lenses produced an upside-down reversal."<sup>125</sup> Although the subject experienced difficulties at first, within time not only did motor facility increase but, later the world looked right-side up. Perhaps the most useful finding of Kohler is that "behind every quality of experience is a specific discoverable stimulation."<sup>126</sup> Thus any information perceived will produce a response. Social scientists, engaged in research should be constantly aware of this, as it can be applied to cultural and individual differences.

---

<sup>124</sup>Klein, Perception Motives and Personality, p.5.

<sup>125</sup>Ibid., p. 47.

<sup>126</sup>Ibid., p. 49.

Given, that every situation will produce a certain response, the interpretation of black dysfunctional behavioral responses would seem to have considerable merit if, they were defined by black mental specialists. Support of this can be found in Lantz's comment that, "The primary concept held by cognitive practitioners is that most human emotion is the direct result of what people think, tell themselves, and assume or believe about themselves, and their social situations."<sup>127</sup> Further supporting this Rainey suggests that "most dysfunctional human emotions and behavior which are the direct results of misconceptions that people hold about themselves or about various environmental situations...can be changed when the person feeling the emotion is able to change or correct the misconceptions creating it."<sup>128</sup>

The misconceptions in the treatment of black dysfunctional behavior, alcoholism being only one, have led researchers, budget analysis and decision makers to disregard studies into the dynamics of black alcoholism and treatment. This was observed in the discrepancy of articles, on the topic, noted earlier by Harper in agreement with Levy that: "we need a much clearer conceptualization than has been achieved..., that the problem seems to be that there is no universal understanding of the nature and purpose of a conceptual framework;" defense mechanisms (concepts) defined as operationally functional in

---

<sup>127</sup> James E. Lantz, "Cognitive Theory and Social Casework," Journal of the National Association of Social Workers, Vol. 23, No.5, September, 1978, p. 361.

<sup>128</sup> Ibid.

the dysfunctioning behavior of blacks, by blacks mental health specialist must be identified. This type of identification will provide their conceptualization of the concepts toward formulating a conceptual framework of what psychodynamics are involved in black alcoholism.<sup>129</sup> These concepts, if defined correctly, will aid the black alcoholic's return to a healthy, normal and rational life.

Maultsby says that rational thought must be: "1) based on the objective reality as opposed to subjective opinion; 2) life perserving; 3) productive for one's goals; 4) decrease significant inner conflict and; 5) decrease significant conflict with others."<sup>130</sup> In determining the appropriate interpretations of these factors, as they apply to the life styles of black alcoholics, the black specialist has an advantage. He has experienced, successfully and survived, living in the same racist society. Enhancing the position of the black mental health specialist further, is the fact that often he is from the same city, the same church, the same community and the same block as the black alcoholic. Indeed, even if the current statistics on black alcoholism and problem drinking are lower, probability laws suggest there may have been an alcoholic in his family!

Thus, in applying these qualifications, one may begin to under-

---

<sup>129</sup>Charles Levy, "Points and Viewpoints on Concepts, Conceptualization and Conceptual Frameworks," Journal of the National Association of Social Workers, Vol. 23, No. 5. September 1978, p. 361.

<sup>130</sup>Lantz, "Cognitive Theory and Social Casework," p. 362

stand the importance of testing the defense mechanisms (concepts) of significance, according to Black specialists in the field. The data gathered, may shed light on areas where misconceptions, unsuccessful treatments and lack of data, have been the norm. Their life experiences places them in a unique position. According to Jones, "The majority of (sic) Black children have never been able to have a protected, carefree, and non-responsible childhood. Black parents are unable to provide protection and comfort for their children as a result of discriminatory practices of the dominant society... the remarkable ability of many (sic) Black children to handle stressful situations... as a result of their exposure to harsh conditions, these children develop a great sense of strength and adaptability... hence, to survive."<sup>131</sup> This unique position has developed as a result of the synthesizing of adaptive culturally determined learned coping mechanisms.

The following is a review of articles written by Black psychiatrists, psychologists and other specialists in the field of mental health. Their writings indicate the extent to which denial of reality, identification, projection, reaction formation and acting out are conceptualized as factors relevant to the psyche of Black individuals. As defense mechanisms, these concepts have been operationalized by Freud and others as dynamics which, when normally functioning, limit the amount of anxiety in the human being. Their context and frequency of usage in these articles is germane, as possible indicators of in-

---

<sup>131</sup>Darielle L. Jones, "African-American Clients: Clinical Practice Issues," Journal of National Association of Social Workers, Vol. 24, No. 2, March 1979.



ternal ego-perceptual dysfunctioning in black alcoholics.

Noble discussing barriers to treatment states, "Major barriers to treatment of alcoholism among blacks has been...the community's (Black) general denial of the existence of alcoholism and alcohol abuse."<sup>132</sup>

Christmas discussing training issues and concerns states, "...it is too easy an out for a minority person in inner conflict, harboring denial...to fall back on the excuse that the helpers do not understand."<sup>133</sup> The initial contact is often a point of anxiety... particularly for minorities which have experienced rejection..."<sup>134</sup> "...alcoholism is minimized by the black middle class...Thus denial is greater than in the more secure white community..."<sup>135</sup>

Poussaint and Atkinson in their discussion of black youth and motivation state, "this effort by black people to deny their need for control and self-assertion inevitably takes its toll."<sup>136</sup>

Doris P. Mosby discussing the unique personality of blacks states, "the minority group may show its pathology in intense fear of bodily

---

<sup>132</sup>Ernest P. Noble, Alcohol Use and Abuse Among Black Americans, (Washington, D.C., Government Printing Office, 1978), p. 62.

<sup>133</sup>June J. Christmas, Alcoholism Services for Minorities: Training Issues and Concerns, (Washington, D.C., Government Printing Office, 1978) p.23.

<sup>134</sup>Ibid., p. 23.

<sup>135</sup>Ibid., p. 25.

<sup>136</sup>Alvin Poussaint and Carolyn Atkinson, "Black Youth and Motivation," Black Psychology, p. 118.

harm, aggressiveness which is either acted out or rigidly and indiscriminately controlled and dependent, ineffectual attitudes or behavior ...Overtime and without other positive perceptions of himself available as a referent, an identity, usually a negative one, is crystallized...both sides engage in their share of projection, that is attributing to other traits and blame..."<sup>137</sup>

Pearl G. Dansby discussing black pride issues says, "The psychoanalytic model explains this phenomenon in terms of hostility toward the oppression being so threatening as to necessitate repression... could be subsumed under the rubric identification with the aggression. The strongest rejection of their own color occurred among four and five year olds."<sup>138</sup>

Edward J. Barnes discussing the black community states "According to Mead, through identification..the child learns to assume the roles and attitudes...The mass media--especially television--presents few (SIC) Black heroes...According to Essien Udom: The tragedy of the Negro in American is that he has rejected his origins...But do...projections tell the whole story. Where behavior is an acting out of role definitions, it is enough for the situation to change...reflecting

---

<sup>137</sup>Doris P. Mosby, "Toward a Theory of the Unique Personality of Blacks --- A Psychocultural Assessment," Black Psychology, pp.124-135.

<sup>138</sup>Pearl G. Dansby, "Black Pride in the Seventies: Fact or Fantasy," Black Psychology, pp. 145-155.

the complexity of the black condition, denying..."<sup>139</sup>

Barnes in discussing counseling the black student suggests "... School counselors must be prepared...for the greater direct expression of anger and resentment toward and rejection of, the school.... ..., if he is to distinguish personal-social problems from behaviors indicative of the identification with...the black revolution. ..., they should be prepared for total rejection. ..., that the white counselor contributes to the identify crisis of the black student. Identification, in this instance, is an act of denial of self.... A black counselor who shares a common experience with his counselee, and who has not rejected his own personal history, presents an appropriate figure for identification...."<sup>140</sup>

Price Cobbs in discussing blacks and education says of W.E.B. Dubois, "That he continued to have a productive career after the trauma of such a primary rejection speaks probably of a mind that...has few equals."<sup>141</sup> "On the empty promises of education for blacks to rise with the long-denied realization that there was a massive hoax."<sup>142</sup>

James P. Comer in discussing the psychological impact of slavery states, "Nobody was more vulnerable to the 'projection of evil' or

<sup>139</sup>Edward J. Barnes, "The Black Community as the Source of Positive Self-Concept for Black Children: A Theoretical Perspective," Black Psychology, pp. 166-192.

<sup>140</sup>Edward J. Barnes, "Counseling the Black Student: The Need for a New View," Black Psychology, pp. 213-224.

<sup>141</sup>Price Cobbs, "The Black Revolution and Education," Black Psychology, pp. 252-264.

<sup>142</sup>Ibid.

psychological exploitation that the black man....the fact that slavery left many without a purpose...rendered blacks as a group vulnerable to the projections of 'bad impulses'." 143

Charles B. Wilkinson in discussing myths states, "...the marked emphasis placed upon a matriarchy in the black community is in reality a result of the projection of the anxiety of the white male community."144

J. H. Howard in discussing the effect of colonization states,"... that blacks make frequent use of denial....blacks compensate their feelings of inferiority by use of denial....The findings may also suggest the projection of feelings about the mutilation of the ego under conditions of domination."145

Lloyd T. Delany, in discussing the murder of Black Americans states, "pathological acting out of hate also can be found in lynching statistics. ...acting out involved white racists.... Violence, black violence, has meant burning their own black neighborhoods.... They are attacks on the symbols of exploitation, degradation, anger, frustration, and despair. The process of disassociation is far more sweeping than that of denial, for in disassociation, large segments of one's actions

---

<sup>143</sup>James P. Comer, "White Racism: Its Root, Form, and Function," Black Psychology, pp. 311-317.

<sup>144</sup>Charles B. Wilkinson, "The Destructiveness of Myths," Black Psychology, pp. 318-325.

<sup>145</sup>J. H. Howard, "Toward a Social Psychology of Colonialism," Black Psychology, pp. 326-334.

are treated as though they have never existed. Adaptive inferiority (a type of reaction formation) is a psychological defense which,... allows for relative intactness of functioning within a seemingly valid structure of experience. ...served to reduce the impact of the black man's inner conflicts and frustrations."<sup>146</sup>

Alvin F. Poussaint in discussing the Negro Psyche states, "Noted psychologist, Dr. Kenneth B. Clark, has even speculated that these riots are a form of 'community suicide' that expresses the ultimate in self-negation, self-rejection, and hopelessness. Sometimes rage can be denied completely and replaced by a compensatory happy-go-lucky attitude, flippancy...."<sup>147</sup>

Kenneth B. Clark in discussing the fantasy of accommodation or acceptance, "A common fantasy is to deny one's own identification with the racial dilemmas.... The fantasy of acceptance is a form of another pretense, the fantasy of denial."<sup>148</sup>

Thomas F. Pettigrew in discussing the Negro and its burden states, "For his part, the Negro must, if racist norms are to be obeyed, act out the role of the 'inferior'.... Indeed, the resulting confusion of self-

---

<sup>146</sup>

Lloyd Delany, "The Other Bodies in the River," Black Psychology, pp. 335-343.

<sup>147</sup>

Alvin F. Poussaint, "A Negro Psychiatrist Explains the Negro Psyche," Being Black, Robert V. Guthrie, (San Francisco, Canfield Press, 1970), pp.15-25.

<sup>148</sup>

Kenneth B. Clark, "Black and White: The Ghetto Inside," Being Black, pp. 66-72.

Identity and lowering of self-esteem are two of the most serious "masks of oppression" upon the Negro American personality. These identity problems are inextricably linked with problems of self-esteem."<sup>149</sup>

Leon W. Chestang in discussing the black personality in its environment states, "...the Black experience is a social syndrome that develops out of values, norms and beliefs projected and acted upon by the larger society.... Functionally the depreciated character serves to heighten awareness of the society's projections..."<sup>150</sup>

E. Earl Baughman in discussing the rage and aggression of blacks states, "Instead of attacking the true object of his anger, however, the black may find a substitute object to act out against; usually this is another black.... Another...is that of attempting to discharge some of his interracial hostility through wit or humor. Also contributing to this aspect...is the process of projection."<sup>151</sup>

Frederick D. Harper in discussing black alcohol abuse states, "...a tendency to escape feelings of racial rejection. Coupled with the (SIC) Black counselor's own inevitable problems of identification.... Black heavy drinkers, who are prone to act out in anger, should be discouraged from..."<sup>152</sup>

---

<sup>149</sup>Thomas F. Pettigrew, "The Role and Its Burden," Being Black, pp. 146-152.

<sup>150</sup>Leon W. Chestang, Character Development in a Hostile Environment, (University of Chicago School of Social Service Administration, 1972), pp. 1-12.

<sup>151</sup>E. Earl Baughman, Black Americans, pp.34-74.

<sup>152</sup>Frederick H. Harper, Alcohol Abuse and Black America, pp.30,82,198.

Frantz Fanon on black psychopathology states, "There is identification, that is, the young Negro subjectively adopts a white man's attitude. Projecting his own desires onto the Negro, the white man behaves "as if" the Negro really had them."<sup>153</sup>

Frances Cress Welsing in discussing a theory of color-confrontation states, "this primary ego defense or repression was then reinforced by a host of other defensive mechanisms. Such a process as is seen in blacks...may be described as identification with the dominator.... Another example of the reaction formation defense can be seen in the elaboration of the myth of white genetic superiority.... ...another utilized...has been that of projection."<sup>154</sup>

Donald K. Cheek in discussing black assertiveness states, "In a non-assertive response, the person is typically denying self and inhibited from expressing his or her actual feelings.... ...Blacks interested in surviving was to put on an act for the white man---to act like you were passive...."<sup>155</sup>

Charles W. Thomas in discussing the importance of ethnocentrism states, "Criterion behavior and social competence, to be certain, are based upon denial or rejection of values peculiar to their ethnic cul-

---

<sup>153</sup>Frantz Fanon, Black Skins, White Masks, (New York: Grove Press, Inc., 1967), pp.1, 11, 222.

<sup>154</sup>Francis Cress Welsing, "The Cress Theory of Color-Confrontation," The Black Scholar, (Sausalito, California, 1974), Vol.5, No. 5, May 1974.

<sup>155</sup>Donald K. Cheek, Assertive Black --- Puzzled White, (California: Impact Publishers, Inc., 1976) pp.43-50.

ture. This search for identity and its relation to roles applies particularly to Afro-Americans. With ethnocentrism as the model, positive identification for the Afro-American can become a more possible reality."<sup>156</sup>

Grier and Cobbs in discussing black rage state, "...problems of identification make it difficult for him to be comfortable with his blackness...."<sup>157</sup>

Hugh F. Butts in discussing the implications of white racism states, "The adaptations and maladaptations that black people have in response to the violent definition consist of: 1) excessive repression and suppression of normal hostile responses with somatization and with compensatory techniques for emotional catharsis; 2) identification with the aggressor and the development of complementary conscience defects; 3) acting out of socially assigned roles; 4) emphasis on emotional versus intellectual values, because of a distrust of American society; 5) self-derogation; and 6) the utilization of a variety of defense mechanisms."<sup>158</sup>

These authors were discussing a wide range of factors impeding the healthy adjustment to the American society by blacks. Their arti-

---

<sup>156</sup> Charles W. Thomas, The Significance of the E(thnocentrism) Factor.

<sup>157</sup> William H. Grier and Price M. Cobbs, Black Rage, (New York: Basic Books, Inc., 1968), pp.154-180.

<sup>158</sup> Hugh Butts, White Racism, pp. 919.



cles addressed a wide range of topics concerned with the Black experience. These essays were replete with connotative or direct statements regarding the salience of the defense mechanisms chosen for this study. These findings become particularly interesting when compared with those of Pratt, McClelland, et.al., and Jones, which indicate certain personality traits of the alcoholic prone individual. These studies reveal, "a tendency to be emotionally immature, (a) reaction to failure with feelings of hurt and inferiority, (a) low stress tolerance, (a) negative self-image and depression, an exaggerated use of ego-defense mechanisms of denial, rationalization and projection."<sup>159</sup>

The importance of defense mechanisms cannot be de-emphasized. Beisser cites the importance of these functions to survival. He states "recent research has shown that patients with life-threatening illnesses have improved chances of survival if, rather than recognizing the serious consequences of their illness, they employ the psychological defense mechanisms of denial."<sup>160</sup>

The implications in this statement and the articles are profound. What we conceptualized effects what, how, and why we see, tell ourselves, or believe. If the Black experience is substantially different from the white, then problems will arise when most whites interpret or treat Black dysfunctional behavior.

---

<sup>159</sup>James C. Coleman, Abnormal Psychology and Modern Life.

<sup>160</sup>Arnold R. Beisser, "Denial and Affirmation in Illness and Health," American Journal of Psychiatry, Vol. 136, No. 8, August 1979.

## DATA AND METHODOLOGY

This is an exploratory study. Little research has been done to determine which defense mechanisms are conceptualized as applicable to the Black alcoholic. Although much has been discussed regarding the Black experience, how these defense mechanisms are viewed by Black and white therapists in the field has been disregarded.

A forty-two item questionnaire was designed. The dependent variables, the interpretation of the defense mechanisms, are ranked by using a five point Likert scale as follows: 1) Strongly Agree, 2) Disagree, 3) Not Applicable, 4) Somewhat Agree, and 5) Strongly Agree. The independent variable, the race of the respondent, is assumed to be that which affects the interpretation of the dependent variable and is listed by race as Black or white. Questions 29,30,31,32 and 33 apply to the independent variable, and are coded CF for conceptual factors. Question 12 applies to the dependent variable, and is coded R for race. Questions 1 through 11,13,16 through 20 and 37 through 39 apply to demographic characteristics and are coded DC. Questions 14,15,21,22,23, 27,27,34,35,36,40 and 41 apply to attitude and are coded A. Questions 24 through 26 apply to the level of familiarity with terms and are coded LF. Reliability is established by the use of scaling the response. Validity is established by the use of direct unbiased questions. The level of data supporting the hypothesis is ordinal and all other data is nominal.

These questionnaires were mailed to twenty agencies in the southeast region. These agencies were randomly selected from the National Director of Drug Abuse and Alcoholism Treatment Programs.

This process was enhanced through the efforts of the Southeast Regional Support Center, where I completed my internship. Local agencies, and a regional training session, were personally contacted by the writer. Four hundred questionnaires were dispersed using the above methods.

Forty-two completed forms provide the data used in this study. This sample population included fifteen Blacks and twenty-seven whites, from Georgia, Kentucky and Alabama alcohol programs. There were six Black males and nine Black females, and eighteen white males and nine white females. Twenty-eight were behaviorally oriented and fourteen were psychoanalytically oriented.

Although no area of confidentiality was implicated in the questionnaire, a statement regarding only the research usage of information was included in the introductory letter.

Cognitive factor (CF) questions, pertaining to the dependent and independent variables, allow for the usage of the standard error of the difference between the means formula. The null hypothesis stating, there is no difference between Black and white therapists' interpretation of defense mechanisms, will be rejected at the .05 level.

Self-report questionnaires have been used in the area of alcoholism and treatment, e.g., Lowe and Hodges and Yamamoto, et.al. None of the prior studies, however, have considered the variables concerned in this study.

### Limitations

Studies, based on the data received by mailed questionnaires, are limited by the return rate of the respondents. The fact that many respondents simply did not complete or forgot to return the questionnaires may account for the low rate of return. Another variable to consider is that this process does not allow for clarifying communication to exist between the research and the respondents. Respondents who may have been willing to complete the questionnaire, may not have understood the terminology, or the rationale of the instrument, and refused to submit an incomplete or misunderstood questionnaire.

Another variable to consider is funding. Generally, funding will effect the number of: 1) questionnaires mailed; 2) follow-up letters and correspondence by phone; 3) student assistants hired for data gathering and analysis; and, 4) interpretations derived from data gathered.

As this was a self-supported effort, the budget was limited to \$200: 1) \$90 for mailing; 2) \$75 for student assistants, and 3) \$35 for telephone correspondence. The cost of student assistants and correspondence fluctuated as a result of the number of questionnaires returned and the amount of additional correspondence needed.

## ANTICIPATED RESULTS

The results anticipated are:

1. A 25 percent return of the questionnaires dispersed;
2. a higher positive correlation of Black respondents than whites to the dependent variables indicated;
3. rejection of the null hypothesis at a .05 level.

The return rate for questionnaires is quite low, therefore, to expect higher than this figure would be unreasonable.

As the Review of Literature has indicated, the Black experience is constantly reinforcing the defense mechanisms. Black therapists should be more aware of these dependent variables, both as helpers and as Black Americans.

The implication that the research hypothesis be accepted is based on the concept that Blacks operate at a different cognitive level than whites. In the therapeutic relationship, it has been noted that, by allowing clients and staff of a similar understanding to interact together a higher rate of success is achieved.

# ANALYSIS OF DATA

Table I Types of Program by State

	Rural n=12		Urban n=30			TOTAL
	Inpatient	CMHC	Inpatient	Outpatient	CMHC	
Georgia	4 (33%)	5 (42%)	1 (3%)	17 (58%)	10 (33%)	37
Kentucky	2 (17%)	0	0	0	1 ( 3%)	3
Alabama	1 ( 8%)	0	0	0	1 ( 3%)	2
TOTAL	7	5	1	17	12	42

Table I indicates that of the forty-two respondents, 21 percent were from rural programs and 79 percent were from urban programs. Of the rural programs, 42 percent were Community Mental Health Centers (CMHC) and 58 percent were inpatient. Of the urban programs, 40 percent were CMHCs, 57 percent were outpatient and 3 percent were inpatient.

Table II Psychological Perspectives by Race and Sex

	Behavioral n=28		Psychoanalytic n=14		TOTAL
	Male	Female	Male	Female	
Black	3 (20%)	5 (33%)	3 (20%)	4 (27%)	15
White	7 (26%)	13 (48%)	4 (15%)	3 (11%)	27
TOTAL	10	18	7	7	42

Table II indicates that 36 percent of the respondents were Black and 64 percent were white. Fifty-three percent of the Black respondents

were behaviorists, 26 percent male and 48 percent female; and, 26 percent of the white respondents were psychoanalytic, 15 percent male and 11 percent female. Sixty percent of the respondents were female, 21 percent Black females and 39 percent white females. Forty percent of the respondents were male, 14 percent Black males and 26 percent white males.

Table III Racial Percentages of Black and White Clients as Reported by Their Black Therapists

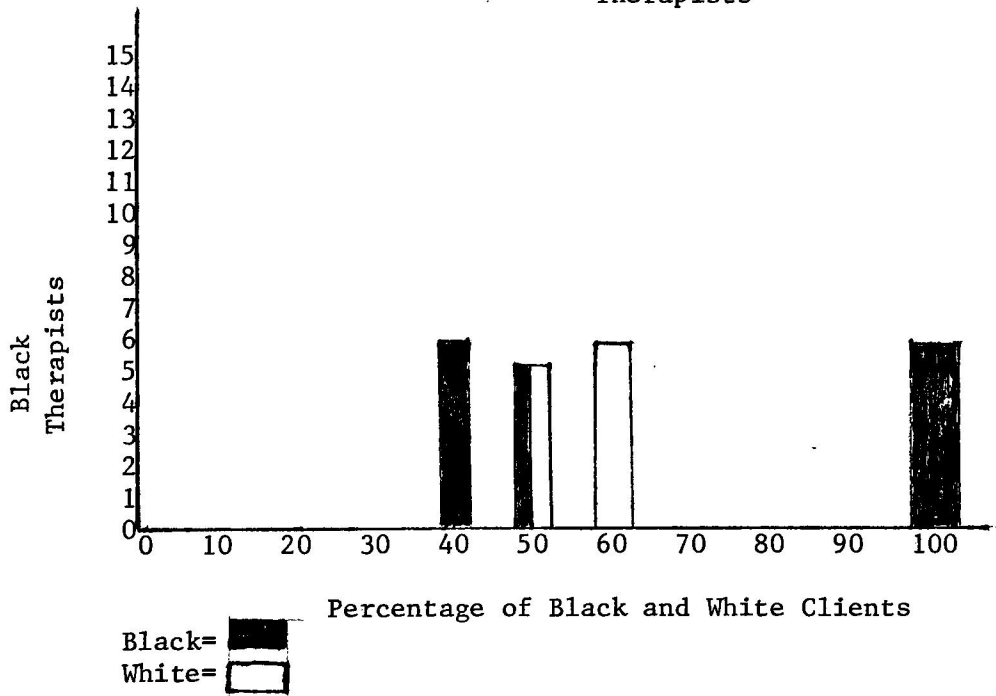


Table III indicates that six Black therapists reported that 40 percent of their clients were Black and 60 percent were white. Three Black therapists reported that 50 percent of their clients were Black and 50 percent were white. Six other Black therapists reported that 100 percent of their clients were Black.

Table IV      Racial Percentages of Black and White  
Clients as Reported by Their White  
Therapists

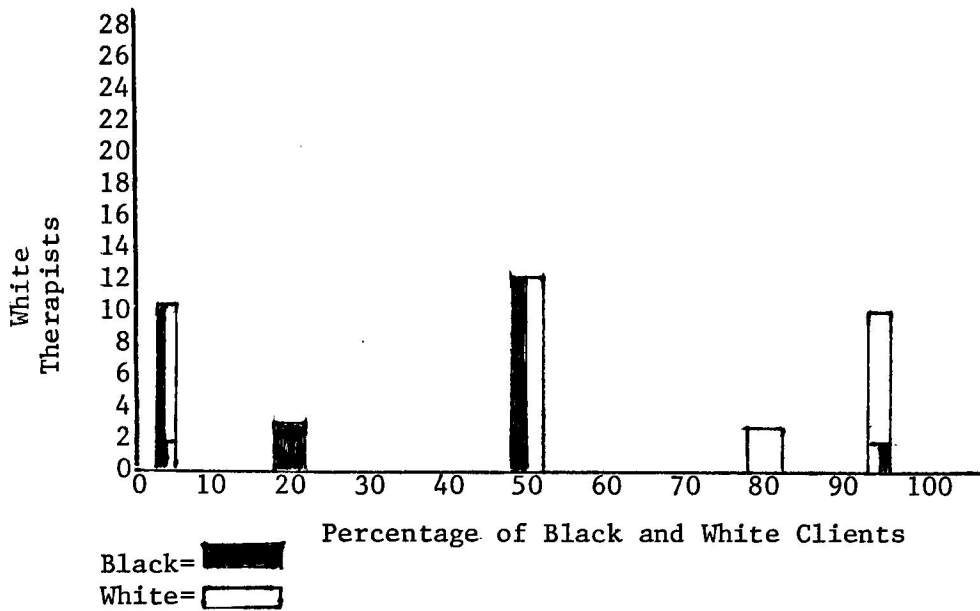


Table IV indicates that ten white therapists reported that 5 percent of their clients were Black and 95 percent of their clients were white. Three white therapists reported that 20 percent of their clients were Black and 80 percent of their clients were white. Twelve white therapists reported that 50 percent of their clients were Black and 50 percent of their clients were white. Two white therapists reported that 95 percent of their clients were Black and 5 percent of their clients were white.



Table V Percentages of Black Therapists' Intoxication

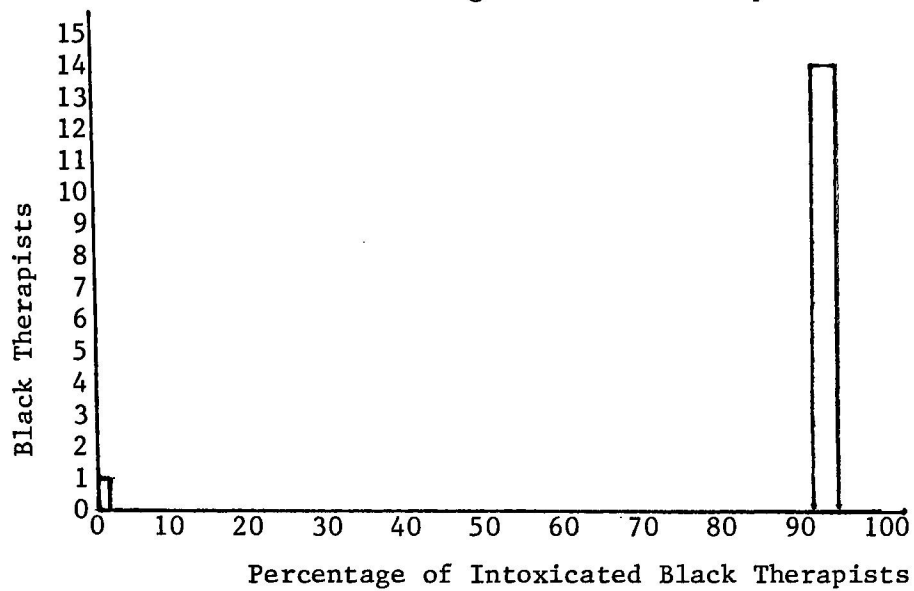


Table V indicates that 93 percent of the Black therapists reported being intoxicated since beginning practice and 7 percent indicated that they had not.

Table VI Percentages of White Therapists' Intoxication

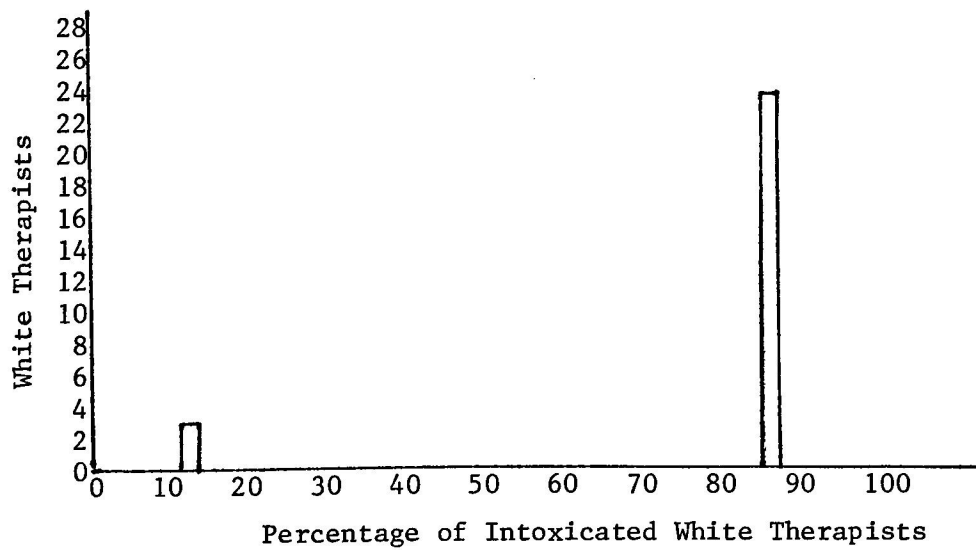


Table VI indicates that 89 percent of the white therapists reported being intoxicated since beginning practice and 11 percent indicated that they had not.

Tables VII through XI indicate the responses to the dependent variables in percentages.

Table VII	Denial: % of Response		
	Black	vs	White
Strongly Disagree	0		4
Disagree	6		11
Not Applicable	0		4
Somewhat Agree	47		44
Strongly Agree	<u>47</u>		<u>37</u>
	100%		100%

Table VIII	Identification: % of Response		
	Black	vs	White
Strongly Disagree	0		0
Disagree	13		7
Not Applicable	7		0
Somewhat Agree	53		56
Strongly Agree	<u>27</u>		<u>37</u>
	100%		100%

Table IX	Projection: % of Response		
	Black	vs	White
Strongly Disagree	0		4
Disagree	13		7
Not Applicable	7		0
Somewhat Agree	53		56
Strongly Agree	<u>27</u>		<u>33</u>
	100%		100%

Table X

## Reaction Formation: % of Reponse

	Black	vs	White
Strongly Disagree	6		4
Disagree	7		26
Not Applicable	7		11
Somewhat Agree	60		33
Strongly Agree	20		26
	100%		100%

Table XI

## Acting Out: % of Response

	Black	vs	White
Strongly Disagree	0		4
Disagree	0		7
Not Applicable	6		4
Somewhat Agree	47		59
Strongly Agree	47		26
	100%		100%

Although the responses above are in percentages, the actual scores were summed, so that a comparison between the means could be determined. The  $\sum \bar{X}_1$ , for Blacks was 7; for whites the  $\sum \bar{X}_2$  was also 7. The standard deviation for Blacks ( $S_1$ ) equaled 15.06; for whites ( $S_2$ ) equaled 19.83. The standard error of the difference  $\sqrt{\text{diff}}$  equaled 6.0. The obtained t score equaled 0. The degrees of freedom were 40. The tabled t ratio equaled 2.021. The null hypothesis, that there is no difference between Black and white conceptualization of these defense mechanisms, must be accepted. The research hypothesis, that there is a difference in the conceptualization between these groups, must be rejected.

Although the research hypothesis is rejected, it should be noted that the Black and white therapists' responses, to the depen-

dent variables, strongly indicate both groups feel these defense mechanisms are factors in the alcoholic's cognition. Combining their "Strongly Agree" and "Somewhat Agree" scores, indicates that 87 percent of them believe these defense mechanisms are factors in the alcoholic's cognition.

## INTERPRETATION OF DATA

As there were no known studies that investigated the conceptualization of ego defense mechanisms between white and Black therapists in alcohol treatment programs, this study provides data relevant to the subtleties of racism to treatment. George D. Lowe and H. Eugene Hodges' study, "Race and the Treatment of Alcoholism in a Southern State" indicates that Blacks are under represented in Georgia alcohol treatment programs. Maynard Calneck's study, "Racial Factors in the Countertransference: The Black Therapist and the Black Client," indicates the benefits of Black clients being seen by Black therapists. Stanly Sue's study, "Community Mental Health Services to Minority Groups," indicates that minority clients feel they have been treated with prejudice, which motivates them to drop out or not utilize services provided by white clinicians. This study provides information relevant to the possible causes of Black drop out and under utilization rates in alcohol treatment programs.

This study's data was limited by the number of respondents. As there was a 25 percent anticipated return rate, the actual 10 percent return restricted both the amount of data gathered and the generalizations inferred. The lack of manpower also affected the rate of return. Although there was support extended by members of the National Institute of Alcohol Abuse and Alcoholism (NIAAA), their job responsibilities frequently inhibited their participation in this effort. Another limi-

tation was funding. This project was completely self-supported. This limited the number of follow-up letters to be mailed and correspondence by phone. A final limitation was the instrument itself. Some behavioral treatment programs indicated that the terminology was too biased toward the Psychoanalytic model for their response.

One of the major strengths of this project is that it may serve as a guide to future research. The area of investigation has been neglected. This allows for many approaches to be utilized by researchers. New or revised instruments, better funding and increases in manpower may effect the findings in subsequent efforts. Another strength is that, while there was no difference between Black and white therapists, they both did agreed (86%), that the dependent variables factored into the alcoholic's thinking. A final point is that approximately 90% of the therapists indicated that they had been intoxicated since they began practice. The stress and pressures of working with alcoholics may account for this.

It is desired that NIAAA will look more closely into the socio-cultural determinants of Black alcohol abuse, and the failure of treatment programs to inhibit the increase in Black alcoholism.

## CONCLUSION

Alcoholism is not only a problem in this country, it is an increasing problem all over the world. Blacks and whites are drinking more at each end of the life span. Blacks consume more than their share of ethanol. They are constantly reinforced to view alcoholic beverages as a vital part of their communities. Those communities are based on different codes, roles and values. These enter as factors in the causation and correction of alcohol abuse.

Treatment programs, both behavioral and psychoanalytical, have very high rates of drop out, failure and under utilization by Black clients. If we are to treat, we must know who, what and why we are treating. Treating involves relating to or being empathetic with each therapeutic party. If either party does not understand the motives drives or instincts of the other's perception, the mutual conceptual or cognitive relationship required in treatment, will not exist.

Racism is embedded in every institution of this country. Racism effects the perception of what is considered reality. The National Institute of Drug Abuse is beginning in both behavioral and psychoanalytic frameworks to consider sociocultural determinants in the treatment of substance abuse. It is hoped that their recent inquiry into more psychoanalytic treatments of alcoholism will create

the need to surface the whys of addiction. This may shed light on the causes of treatment failure and Black Americans.

As a social institution, it is supported by Black taxes and is responsible for, if not limiting the rise in Black alcoholism, then, providing the information concerning its causation. Black Americans have too long been denied of luxuries. Neglect in the environmental determinants of this disease is a denial of their reality.



## RECOMMENDATIONS

- I. It is necessary that institutions, such as the National Institute of Drug Abuse (NIDA), implant within the minds of their decision makers the necessity to provide Black research scientists with greater opportunities to study the etiological and epidemiological factors involved in Black alcoholism. This may present problems in that, Black recommendations are likely to suggest or demand, changes which will ultimately effect the profit motives of this institution and other industries. Perhaps, in the area of changing attitudes, beliefs and behavior, the concepts of Skinner's behavior modification will be put to good use. If compliance can be viewed as an operant in all social programs treating Black alcoholism, perhaps the continuance of governmental funds can be seen by policy-makers as proper reinforcement.
  
- II. Although NIDA has begun to consider, in its usage of the behavioral and psychoanalytic treatment models, the sociocultural factors involved in alcoholism, greater emphasis must be placed to ensure that these factors are not generalized to the Black alcoholic. The Black community is governed by codes, roles and values, which are different from the white community. As it was previously mentioned, the learning of an event is not

and cannot be equated with the experiencing of that event. The sociocultural factors involved with being Black in this country, demand the Black consideration of when, where, how and by whom these psychological perspectives are applied in the treatment of Black alcoholism.

- III. White clinicians who attempt to treat Black alcoholics must begin to depend on and be trained by experienced Black therapists. As previously noted, the problems encountered during therapy concerning the client's love object, his object of addiction and both transference and countertransference will be especially difficult for the Black alcoholic and the white representative of all that has been against his existence. Training by and frequent discussions with qualified Black specialists will provide white clinicians with therapeutic skills for this unique clientele.
- IV. A final recommendation is that more emphasis be placed on providing avenues of stress release for therapists employed in alcohol treatment programs. The high reported rates of intoxication indicate a need for some type of service. Although it is worthwhile to relate to the client, therapists who are intoxicated cannot provide the kind of rational judgement needed in the treatment of Black alcoholism.

## BIBLIOGRAPHY

- Adebimpe, Victor R.; Gigandet, Joseph; and Harris, Elliot.  
"MMPI Diagnosis of Black Psychiatric Patients." American Journal of Psychiatry 136:1, 1979.
- Baughman, E. Earl. Black Americans. New York and London: Academic Press, Inc., 1971.
- Beisser, Arnold R. "Denial and Affirmation in Illness and Health." American Journal of Psychiatry 136:8.
- Blaine, Jack D. and Julius, Demetrios A. Psychodynamics of Drug Dependence. Washington, D.C.: U.S. Government Printing Office, 1977.
- Block, Marvin A. Alcohol and Alcoholism. Belmont, California: Wadsworth Publishing Company, Inc., 1970.
- Brammer, Lawrence M. and Shostrom, Everett S. Therapeutic Psychology: Fundamentals of Actualization, Counseling and Psychotherapy. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1968.
- Butts, Hugh F. "White Racism: Its Origins, Institutions, and Its Implications for Professional Practice in Mental Health." International Journal of Psychiatry 8:6. December 1969.
- Calnek, Maynard. "Racial Factors in the Countertransference: The Black Therapist and the Black Client." American Journal of Orthopsychiatry 40:1. January 1970.
- Cannon, Mildred S. and Locke, Ben Z. "Being Black is Detrimental to One's Mental Health: Myth or Reality." Phylon 38:4. 1977.
- Cavenar, Jr., Jesse O. and Spaulding, Jean G. "When the Psychotherapist is Black." American Journal of Psychiatry 135:9. 1978.
- Cheek, Donald K. Assertive Black--Puzzled White. San Luis Obispo, California: Impact Publishers, Inc., 1976.
- Chestang, Leon W. Character Development in a Hostile Environment. Chicago: University of Chicago, School of Social Service Administration, 1972.

- Christmas, June J. "Alcoholism Services for Minorities: Training Issues and Concerns." Alcohol Health and Research World. Washington, D.C.: U.S. Government Printing Office, 1978.
- Cimboric, Peter. "Counselor Race and Experience Effects on Black Clients." Journal of Consulting and Clinical Psychology 39:2. 1972.
- Coleman, James C. Abnormal Psychology and Modern Life, 5th edition. Glenview, Illinois: Scott, Foresman and Company, 1976.
- Condell, James F. "The Negro Patient and Professional Worker in the State-Supported Southern Mental Hospital." Journal of Negro Education 23. 1954.
- Coney, John Charles. "The Precipitating Factors in the Use of Alcoholic Treatment Services: A Comparative Study of Black and White Alcoholics." Library of Congress. Washington, D.C.: U.S. Government Printing Office, 1977.
- Fanon, Frantz. Black Skin White Masks: The Experiences of a Black Man in a White World. New York: Grove Press, Inc., 1967.
- Freud, Sigmund. The Interpretation of Dreams. New York: Avon Books, 1967.
- Gasfield, J.R. Status Conflicts and the Changing Ideologies of the American Temperance Movement. New York: Wiley and Sons, 1962.
- Grier, William H. and Cobbs, Price M. Black Rage. New York: Basic Books, Inc., 1968.
- Hall, Calvin S. A Primer of Freudian Psychology. New York: The World Publishing Company, 1954.
- Hall, Calvin S. and Lindzey, Gardner. Theories of Personality, 2nd Edition. New York: John Wiley and Sons, Inc., 1970.
- Harper, Frederick D. Alcohol Abuse and Black America. Alexandria, Virginia: Douglas Publishers, Inc., 1976.
- Harper, Frederick D. Alcoholism Treatment and Black Americans. Washington, D.C.: U.S. Government Printing Office, 1979.
- Johnston, Lloyd D.; Bachman, Jerald G.; and O'Malley, Patrick M. Highlights from Drugs and the Class of '78: Behaviors, Attitudes and Recent National Trends. Washington, D.C.: U.S. Government Printing Office, 1979.

- Jones, Darfelle L. "African-American Clients: Clinical Practice Issues." Journal of the National Association of Social Workers 24:2 March 1979.
- Jones, Enrico E. "Effects of Race on Psychotherapy Process and Outcome: An Exploratory Investigation." Psychotherapy Theory, Research and Practice 15:3, Fall 1978.
- Jones, Reginald L. Black Psychology. New York: Harper and Row, 1972.
- Klein, George S. Perception, Motives and Personality. New York: Alfred A. Knopf, Inc., 1976.
- Kosa, John and Zola, Irving Kenneth. Poverty and Health: A Sociological Analysis. Cambridge, Massachusetts: Harvard College, 1976.
- Krasnegor, Norman A. Behavioral Analysis and Treatment of Substance Abuse. Washington, D.C.: U.S. Government Printing Office, June 1979.
- Lantz, James E. "Cognitive Theory and Social Casework." Journal of the National Association of Social Workers 23:5 August 1978.
- Levy, Charles S. "On Concepts, Conceptualization and Conceptual Frameworks." Journal of the National Association of Social Workers 23:5.
- Lowe, George D. "Race and the Treatment of Alcoholism in a Southern State." Library of Congress. Washington, D.C.: U.S. Government Printing Office, 1975.
- Maultsby, Maxie C. "Why American Blacks Distrust Psychiatry." A paper presented to the APA Convention, Spring 1979. Urban Research Center, Washington, D.C., Institute for Urban Affairs and Research.
- Noble, Ernest P. "Alcohol Use and Abuse Among Black Americans." Third Special Report to the U.S. Congress on Alcohol and Health. Washington, D.C.: U.S. Government Printing Office, June 1978.
- Pittman, David J. Alcoholism. St. Louis, Missouri: Harper and Row, 1967.
- Price, Richard H. Abnormal Behavior: Perspectives in Conflict. New York: Holt, Rinehart and Winston, Inc., 1972.
- Poussaint, Alvin. "The Black Administration in the White University." The Black Scholar 6:1, September 1974.
- Sue, Stanley. "Community Mental Health Services to Minority Groups." American Psychologist 32:8, August 1978.

- Sue, Stanley, et.al. "Delivery of Community Mental Health Service to Black and White Clients." University of Washington. Seattle, Washington: Herman McKinney, 1978.
- Thomas, Charles W. "The Significance of the E(thnocentrism) Factor." Urban Research Review. Washington, D.C.: Institute for Urban Affairs and Research, 1979.
- Waldorf, Gerard F. Counseling Terapies and the Addictive Client. Rockville, Maryland: University of Maryland, School of Social Work and Community Planning, 1977.
- Welsing, Frances Cress. "The Cress Theory of Color Confrontation." The Black Scholar 5:8, May 1974.
- Wesson, K. Alan. "The Black Man's Burden: The White Clinician." The Black Scholar, July/August 1976.
- Williams, Karen J. "Race and Social Class as Factors in the Orientation Toward Psychotherapy." Journal of Counseling Psychology 20:4, 1973.
- Yamamoto, et.al. "Cultural Problems in Psychiatric Therapy." Archives of General Psychiatry, Vol. 19, July 1968.

## REFERENCES

Expenditures and Employment Data for the Criminal Justice System 1977

U.S. Department of Justice, U.S. Government Printing Office,  
Washington, D.C., May 1979.

National Director of Drug Abuse and Alcoholism Treatment Programs

DHEW Publication No. (ADM) 79-321, Washington, D.C., U.S. Government Printing Office, 1979.

Source Book of Criminal Justice Statistics 1978

U.S. Department of Justice, LEAS, Criminal Justice Research Center,  
Washington, D.C., U.S. Government Printing Office, June 1979.

The Unseen Crisis: Blacks and Alcohol

DHEW Publication No. (ADM) 78-479, Washington, D.C., U.S. Government Printing Office, 1978.

## APPENDIX I



# QUESTIONNAIRE

1. Your facility is located in which state? \_\_\_\_\_.
2. Your agency is in an urban \_\_\_\_\_ rural \_\_\_\_\_ location?
3. Your agency is a residential \_\_\_\_\_ in-patient \_\_\_\_\_ out-patient \_\_\_\_\_ community mental health facility \_\_\_\_\_?
4. Your clients are lower \_\_\_\_\_ middle \_\_\_\_\_ upper \_\_\_\_\_ class? (By income)
5. Your parents are (were) lower \_\_\_\_\_ middle \_\_\_\_\_ upper \_\_\_\_\_ class? (By income)
6. You are lower \_\_\_\_\_ middle \_\_\_\_\_ upper \_\_\_\_\_ class? (By income)
7. What percentage of your clients are White \_\_\_\_\_ Black \_\_\_\_\_ Other (Specify) \_\_\_\_\_?
8. Your facility is behaviorally \_\_\_\_\_ psychoanalytically \_\_\_\_\_ oriented?  
Other \_\_\_\_\_ What percentage?
9. In your treatment of the alcoholic you apply which approach: behavior modification \_\_\_\_\_ psychoanalytic \_\_\_\_\_ group \_\_\_\_\_ individual \_\_\_\_\_ other \_\_\_\_\_?
10. You have been a practitioner for how many years? 0-3 \_\_\_\_\_ 3-6 \_\_\_\_\_ 6-10 \_\_\_\_\_ 10-15 \_\_\_\_\_
11. You are a director \_\_\_\_\_, supervisor \_\_\_\_\_ counselor \_\_\_\_\_?
12. You are White \_\_\_\_\_ Black \_\_\_\_\_ Other (Specify) \_\_\_\_\_?
13. You are male \_\_\_\_\_ female \_\_\_\_\_?
14. You are aware of what the psychological dependence on alcohol may feel like to your clients? Yes \_\_\_\_\_ No \_\_\_\_\_.
15. You have personally used alcohol at some time? Yes \_\_\_\_\_ No \_\_\_\_\_.
16. What percentage of your clients fall within the following age ranges? (rough estimate)

<15 yrs. of age	_____ %
15 - 19	_____
20 - 24	_____
25 - 29	_____
30 - 39	_____
40 - 49	_____
50 +	_____
	100 %

17. What percentage are Black, White, Hispanic or Indian.

	Black	White	Hispanic	Indian	Other
<15 yrs. of age	_____	_____	_____	_____	_____
15 - 19	_____	_____	_____	_____	_____
20 - 24	_____	_____	_____	_____	_____
25 - 29	_____	_____	_____	_____	_____
30 - 39	_____	_____	_____	_____	_____
40 - 49	_____	_____	_____	_____	_____
50 +	_____	_____	_____	_____	_____

100%

29. The alcoholic individual's cognition is obscured by denial of reality?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

30. The alcoholic individual's cognition is obscured by negative identification?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

31. The alcoholic individual's cognition is obscured by projection?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

32. The alcoholic individual's cognition is obscured by reaction formation?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

33. The alcoholic individual's cognition is obscured by acting out behavior?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

34. Alcoholism is a self-destruction measure against the least threatening resource?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

35. Blacks and whites become alcoholics for the same reasons?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

36. Social class, amount of education and income, is not as strong a determinant as self-concept in becoming an alcoholic?

Strongly Disagree\_\_Disagree\_\_Not Applicable\_\_Somewhat Agree\_\_Strongly Agree\_\_.

37. What percentage of your clients have been abstinent for more than 2 years?\_\_\_\_\_

38. What percentage have dropped out of treatment?\_\_\_\_\_

39. What percentage of clients completing your individual program have returned for further treatment?\_\_\_\_\_

40. In your opinion which approach(es) would provide the greatest results with minority clients?

---



---



---

41. Based on your experience what suggestion(s) could you offer for the treatment of minority clients?

---



---



---

is questionnaire require to complete and return?

\_\_\_\_\_ 1 week \_\_\_\_\_ 1 month \_\_\_\_\_.



National Manpower and Training System

**SOUTHEAST REGIONAL SUPPORT CENTER**

Operated by A. L. Nellum and Associates, Inc.

February 26, 1980

Dear Colleague,

For approximately six months, I have been an intern at the Southeast Regional Support Center (SRSC). This internship has been to fulfill one of the MSW degree requirements of Atlanta University.

Another university requirement is that each MSW candidate write a substantiative paper. Mine is concerned with the attitudes, opinions, knowledge and skills of persons in the substance abuse field. My specific interest is in the interpretation of defense mechanisms, as they are applied in the treatment of alcoholics. To aid this process, I have developed a questionnaire to be submitted to all levels of staff involved in the counseling of alcoholic patients.

Ms. Erma Wright, Co-Director, and SRSC staff will support my efforts in this research project. Please forward all correspondence to this address.

This information is to be used only for the purposes of research. All information will be held confidential.

Thank you, in advance, for your assistance.

Sincerely,

E. Paul Martinez, Jr.

cc: Erma Wright